



Roche Diagnostics
Accu-Chek® Blood Glucose Meter
FAX ORDER FORM

Complete this form and FAX

To: Accu-Chek Fulfillment Center
 FAX: 1-888-801-2938
 From: WellCare Health Plans, Inc.

Date of Request _ _ _ _ _

Physician / Group Practice Name _ _ _ _ _

Address _ _ _ _ _

Contact Person _ _ _ _ _ Phone () _ - _ _ _ _

Patient Name _____ Patient ID _____

Member Name _____ Phone Number () - _____

Address _____

City, State, Zip _____

One of the below ACCU-CHEK® systems will be sent to the member of an eligible plan.
 Please select only one.

- ACCU-CHEK® COMPACT PLUS SYSTEM
- ACCU-CHEK® AVIVA SYSTEM

Account Names: WellCare, Harmony Health Plan, Harmony Behavioral Health, HealthEase, HealthEase Healthy Kids, Staywell, Staywell Healthy Kids, 'Ohana Health Plan.

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Wellcare Health Plans, Inc.
 Attention: Privacy Officer
 P.O. Box 25735
 Tampa, FL
 33622-5735
 1-800-960-2530 Ext. 6215

For questions about transmitting this FAX or tracking a shipment, please call 1-888-744-3671.