



# Abbott Diabetes Care Meter Request Form

**Complete this form and FAX to:**

**Abbott Diabetes Care, Customer Service  
FAX: 1-866-535-8891**

Date of Request \_\_\_\_\_

**From: WellCare Health Plans; HealthEase Health Plan; Staywell Health Plan of Florida**

Physician / Group Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Meter to be shipped to:**

Physician  Yes  No

Directly to patient  Yes  No

Patient Name \_\_\_\_\_ Plan Name \_\_\_\_\_

Member Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Please Note:** Meters cannot be shipped to P.O. Box address

The following meter will be shipped using two day delivery service. Please select only one.

- FreeStyle Lite®** Blood Glucose Monitoring System
- FreeStyle Freedom® Lite** Blood Glucose Monitoring System
- Precision Xtra®** Blood Glucose & Ketone Monitoring System

**Other meter fulfillment options:**

- 1. Retail:** write prescription for meter and strips (if needed) then send patient to pharmacy
- 2. Online:** [www.Meters.AbbottDiabetesCare.com](http://www.Meters.AbbottDiabetesCare.com)
- 3. Email:** [OrderFulfillment@abbottcustomercare.com](mailto:OrderFulfillment@abbottcustomercare.com) (include: Patient Name, Mailing Address, Phone Number and Plan Name)
- 4. Phone:** 1-866-224-8892

**Account Names:** WellCare; Harmony Health Plan; Harmony Behavioral Health; HealthEase; HealthEase Kids; Staywell; Staywell Kids; 'Ohana Health Plan

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