



Bayer Meter Request Fax Order Form

Complete this form and fax to:

**Bayer HealthCare LLC, Diagnostics Division
Customer Order Services Department
Fax (800) 876-2243**

Date of Request _____

Phone (877) 229-3777

Physician / Group Practice Name _____

Address _____

Contact Person _____ Phone (____) _____

Instrument to be shipped to:

Physician Yes No Directly to patient Yes No

Patient Name _____ Patient ID _____

Member Name _____ Phone Number _____

Address _____

City, State, ZIP _____

Please Note: Instruments shipped to P.O. Box address will be sent via U.S. mail. Please allow additional time for delivery.

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

- ASCENSIA BREEZE®** Diabetes Care System
- ASCENSIA BREEZE 2®** Diabetes Care System
- ASCENSIA CONTOUR®** Diabetes Care System
- ASCENSIA ELITE®** Diabetes Care System
- ASCENSIA ELITE XL®** Diabetes Care System

Check Here for Instructional Video to be included (video available in English and Spanish)

Account Names: Harmony Health Plan of Missouri, HealthEase, HealthEase Healthy Kids, PreferredOne, Staywell, Staywell Healthy Kids, WellCare, WellCare of Georgia (Georgia Families; PeachCare), WellCare of NY (Child Health Plus; Family Health Plus), and WellCare of Ohio (Covered Families & Children; Aged, Blind or Disabled).

Privacy Notice: This document and any attachments are intended for the exclusive use of the addressee(s) and may contain information that is proprietary, confidential and/or exempt from disclosure and may be protected health information. If you are not the intended recipient, please notify us immediately by calling the number below and return the original message to us at the address below via the U.S. Postal Service. We will reimburse you for your postage. If you are a regular recipient of our faxes, please notify us if you change your fax number. Thank you.

WellCare Health Plans, Inc.
Attention: Privacy Officer
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(800) 960-2530