



**Roche Diagnostics**  
**Accu-Chek<sup>®</sup> 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

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<sup>®</sup> systems will be sent to the member of an eligible plan.

Please select only one.

ACCU-CHEK<sup>®</sup> COMPACT PLUS SYSTEM

ACCU-CHEK<sup>®</sup> AVIVA SYSTEM

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

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



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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

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