



**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**

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 Kids, Staywell, Staywell 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.