



Roche Diagnostics

Accu-Chek® Blood Glucose Meter FAX ORDER FORM

Complete this form and fax

To: **Accu-Chek Fulfillment Center**
Fax: **(888) 801-2938**
From: **WellCare Health Plans**

Date of Request _____

Physician / Group Practice Name _____

Address _____

Contact Person _____ Phone (____) _____

Ship to:

Physician Yes No

Directly to patient: Yes No

Patient Name _____ Patient ID _____

Member Name _____ Phone Number _____

Address _____

City, State, ZIP _____

A certificate for the following meters will be mailed to the patient. Please select only one.

- ACCU-CHEK® Active Care Kit
- ACCU-CHEK® Advantage Care Kit
- ACCU-CHEK® Aviva Care Kit
- ACCU-CHEK® Compact Plus Care Kit

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).

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WellCare Health Plans, Inc.
Attention: Privacy Officer
P.O. Box 31386
Tampa, FL
33631-3386
(800) 960-2530

For questions about transmitting this fax or tracking a shipment, please call (888) 744-3671.