



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.