



Bayer Meter Request FAX Order Form

Complete this form and FAX to:

**Bayer HealthCare LLC, Diagnostics Division
Customer Order Services Department
FAX 1-800-876-2243**

Date of Request _____

(Phone 1-877-229-3777)

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 US mail. Please allow additional time for delivery.

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

- Ascensia™ DEX® 2 Diabetes Care System
- Ascensia ELITE™ XL Diabetes Care System
- Ascensia ELITE™ Diabetes Care System
- Ascensia BREEZE Diabetic Care System
- Ascensia Contour Diabetic Care System

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

Account Names: WellCare, Staywell, HealthEase, Healthy Kids, Preferred One, WellCare of NY

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 US 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
P.O. Box 25735
Tampa, FL
33622-5735
1-800-960-2530 Ext. 6215