

Abbott Diabetes Care Meter Request Form



Complete this form and FAX to:

Abbott Diabetes Care, Customer Service
FAX: 1-866-535-8891
From: 'Ohana Health Plan

Date of Request _____

Physician / Group Practice Name _____

Address _____

Contact Person _____ Phone (____) _____

Meter to be shipped to:

Physician Yes No

Directly to patient Yes No

Patient Name _____ Plan Name _____

Member Name _____ Phone Number _____

Address _____

City, State, Zip _____

Please Note: Meters cannot be shipped to P.O. Box address

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

- FreeStyle Lite**[®] Blood Glucose Monitoring System
- FreeStyle Freedom**[®] Lite Blood Glucose Monitoring System
- Precision Xtra**[®] Blood Glucose & Ketone Monitoring System

Other meter fulfillment options:

- 1. Retail:** write prescription for meter and strips (if needed) then send patient to pharmacy
- 2. Online:** www.Meters.AbbottDiabetesCare.com
- 3. Email:** OrderFulfillment@abbottcustomercare.com (include: Patient Name, Mailing Address, Phone Number and Plan Name)
- 4. Phone:** 1-866-224-8892

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

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.
Attn: Privacy Officer
P.O. Box 25735
Tampa, FL 33622-5735
1-800-960-2530 Ext. 6215

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