



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: 'Ohana Health Plan

Date of Request _____

Physician / Group Practice Name _____

Address _____

Contact Person _____ Phone (____) _____

Ship to:	
Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	Directly to patient: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Kids, PreferredOne, Staywell, Staywell Kids, WellCare, WellCare of Georgia (Georgia Families; PeachCare), 'Ohana Health Plan, WellCare of NY and WellCare of Ohio.

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'Ohana Health Plan
 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.