Diabetes Supply Order Form

Order today—we'll handle the rest. Once we receive this form, your blood glucose meter will be on its way. There is no cost to you.

VISIT: Aetna.com/managingdiabetes to learn more about the available meters.

MAIL TO: Glucose Meter Program 9501 E. Shea Blvd, MC 0177 Scottsdale, AZ 85260

- The meter will be shipped separately from your test strip and lancet prescription order. The meter will take approximately two weeks to arrive.
- Your cost for test strips and lancets may change.
- You may receive notification when your test strips and lancets are shipped.
- Meters are provided by Lifescan Diabetes Care, Inc. and Roche Diabetes Care, Inc. and subject to availability.
- Not all plans participate with this program.
- Subject to eligibility guidelines.

Your Information

Name.......................................................................................................................................................................................................................

Date of Birth......................................................................................................................................................................................... Member ID ................................................................................................................................................................................ ...

Address ..........................................................................................................................................................................................................

City........................................................................................................................................................................................................... State

ZIP Code............................................................................................................................................................................................................ Phone........................................................................................................................................................................................................

Signature........................................................................................................................................................................................................ Date

Your Doctor’s Information

Doctor Name..........................................................................................................................................................................................................

Doctor Phone........................................................................................................................................................................................................ Doctor Fax (if available) ........................................................................................................................................................................................................

Your Diabetes Supply Order

Please check the meter you would like to receive.* We will request a prescription for a 90-day supply of the corresponding test strips and lancets from your doctor and mail them to you.

☐ OneTouch Verio Flex®  ☐ Accu-Chek® Guide  ☐ Accu-Chek® Guide Me

☐ Check this box if you do not want us to request a prescription from your doctor and mail test strips and lancets to you.

(You will need to obtain your own prescription for test strips and lancets from your doctor. Only the blood glucose meter will be sent to you.)

For questions, please call us at 1-844-286-2174, Monday–Friday, 8 a.m. to 6 p.m. (CT).

*Your plan may also cover other blood glucose meters.

Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Aetna reserves the right to cancel this program at anytime.

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