



4-D Glucometer Program

Introduction:

4-D Pharmacy Management Systems offers Health Plans a comprehensive program which enables participating Health Plans to better implement and control the provision of the Blood Glucose Monitor benefit to eligible members.

What meters are covered by the Health Plan?

The Health Plan has chosen the **Ascensia**® family of blood glucose meters for their eligible membership, the prescriber or member is free to choose the meter of his/her choice.

What is included with the Glucometer package?

Each package is sent with the following - Blood Glucose Meter, Check Strip, Carrying Case, Test Strips (25), Normal Control, Lancing Device, User Guide, Patient Record Diary, Instructional Video, and Meter Trade-In Mail Packaging.

What is the cost of this program to the member?

There is No Charge to an eligible member or the participating health plan for the Blood Glucose Meter.

How Do I Obtain a Blood Glucose Meter for My Patient?

A Health Plan member must complete a Glucometer Order Form and return the completed form to 4-D at (248) 540-9811. Upon receipt of a completed Glucometer Order Form, 4-D will process the request. All Glucometers will be sent to the address provided by the member.

How and when will the member receive their Glucometer?

All Glucometers will be sent to the requesting providers office or eligible members home, as indicated on the Glucometer Order Form. Meters are shipped within 48 hours.

How does the member receive additional Blood Glucose Strips?

Covered Blood Glucose Strips and lancets are supplied through the out-patient pharmacy program. Simply write a prescription for the covered strips and the eligible member may take their prescription to a participating pharmacy provider.

Are there any restrictions or limitations?

The Health Plan has limited the number of blood glucose strips to maximum 100 strips per calendar month. If medically necessary, additional monthly quantities may be obtained with a written prior authorization and an explanation of medical necessity. This pharmacy program does not cover replacement batteries or control solution for the Glucometer.

An eligible member is limited to one Blood Glucose Meter every 2 years.

What if the meter is broken/defective?

Refer the member to the toll-free number on the back of the glucometer. A representative will be happy to assist the member.

What if the meter is lost or stolen?

Each eligible member is limited to one meter every 2 years, additional charges may apply. Please contact the Health Plan for further assistance.

[Note: The Glucometer Program may not be a benefit of your Prescription Drug Card Program.]

Washtenaw Health Plan
ASCENSIA® (Glucometer) FAX Order Form

Please complete this form and FAX to: **4-D Pharmacy Management Systems**
FAX: (248) 540-9811

Physician or Group Practice Name: _____

Contact Person: _____

Telephone Number: _____ Date: _____

Account Name: 4-D Pharmacy Management Systems
Address: 2520 Industrial Row Drive
City State Zip: Troy, Mi. 48084
Telephone: (888) 274-2031

Instrument to be shipped directly to the following patient address:

Patient Name: _____

Health Plan Member ID: _____

Telephone Number: _____

Address: _____

City State Zip: _____

The following instrument will be shipped using two day delivery service:

Ascensia Breeze® or **Ascensia Contour®**
(Please check only one meter)

Check Box if an instructional video should be included:

For Account Name Use:

Bayer Corporation, Customer Order Services Department at 800-248-2637
Fax: 800-876-2243

Form valid through _____ or unless other wise indicated by Bayer Corporation.