

Blood pressure monitor order form



2650 Novation Parkway
Fitchburg, WI 53713

To complement your patients' hypertension care plan, Quartz will provide an automatic blood pressure monitor at no additional cost to eligible members. To request a monitor for your patient, please complete and submit this form.

Date completed: _____

Member information (please print)

Name:	Date of birth:
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Member address (street, city, state, zip):

Member phone:

Quartz member ID number:

Quartz network (located at the top of the insurance card):

Diagnosis: ☐ I10 (Hypertension) ☐ I50 (Congestive heart failure)
☐ O10-O16 (Pregnancy-related Hypertension) ☐ R03.0 (Elevated BP without Hypertension)

Does this member have a pacemaker? ☐ Yes ☐ No

Provider information (please print)

Requesting provider name:

Requesting provider NPI:

Phone:	Fax:
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Clinic contact:

Health care provider (signature):

Self-monitoring blood pressure monitors (select one)

Bluetooth-enabled blood pressure monitor (A4670) for upper arm circumference of 9" to 17" inches

☐ Omron 5 Series

Standard blood pressure monitor (A4670) for upper arm circumference \geq 17" inches

☐ A&D 789

Submitting the form

Fax completed order forms to:

Hilton Medical Supply

Fax: **(608) 785-0323**

Questions?

If you have customer service-related questions for Hilton Medical Supply, please call **(608) 785-0390**. You can also learn more about monitoring blood pressure on our website at **QuartzBenefits.com/BPMonitoring**.