

Self-monitoring Equipment Order Form



To complement the member's healthcare team's education, Quartz will provide tools (an automatic blood pressure monitor) at no additional cost to the member.

2650 Novation Pkwy
Fitchburg, WI 53713
Fax (608) 471-4389
QuartzBenefits.com

For additional information about this and other Quartz health and wellness programs, please visit QuartzBenefits.com/HealthAndWellness.

Fax the completed order form to UW Health Care Direct at **(608) 203-2250**.

Date completed: _____

Member information (please print)

Name: _____ Date of birth: _____

Quartz Member ID number: _____

Member Address (Street, City, State, Zip): _____

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)
 E66.9 (Obesity) *Scale only* R73.03 (Prediabetes) *Scale only*
 E10 (Type 1 Diabetes) *Scale only* E11 (Type 2 Diabetes) *Scale only*

Is this Quartz member engaged in self-monitoring of the chronic condition with their healthcare provider and/or Quartz Care Management? (Check one)

Yes No

Does this member have a pacemaker? Yes No

Provider Information (please print)

Requesting Provider Name: _____

Requesting Provider NPI: _____

Phone: _____ Fax: _____

Clinic contact: _____

Healthcare Provider (Signature): _____

Self-monitoring equipment (select all that apply)

- Bluetooth Enabled Blood pressure monitor (A4670) for upper arm circumference of 9" to 17" inches
 Bluetooth Enabled Blood pressure monitor (A4670) for upper arm circumference > 17" inches
 Standard Blood pressure monitor (A4670) for upper arm circumference of 9" to 17" inches
 Standard Blood pressure monitor (A4670) for upper arm circumference > 17" inches
 Bluetooth Enabled Home Scale (E1639)