

Date of Birth ___/___/___

Gender: (check one) Male Female

Date Meter Acquired ___/___/___

Meter Serial Number _____

(Serial number is located on the back of your meter, above the bar code)

Meter System: (check one)

ACCU-CHEK Advantage ___

ACCU-CHEK Aviva ___

ACCU-CHEK Compact Plus ___

ACCU-CHEK Voicemate ___

When were you diagnosed with diabetes? _____ (month and year)

How do you manage your diabetes? (check all that apply)

Insulin Shots/Pen

Insulin Pump

Non-insulin injection

Pills

Other

How often do you test your blood sugar?

3 or more times/day

Once/day

Less than 3 times/week

2 times/day

3-6 times a week

Have never tested

What blood glucose meter were you previously using most often: (check one)

ACCU-CHEK brand meter

Bayer brand meter

Freestyle brand meter

OneTouch brand meter

Presision Brand meter

Other meter

What level of coverage do you have for your blood glucose testing supplies? (check one)

Full coverage (no copay)

Partial coverage (co-pay)

No coverage

If you have any questions regarding this warranty card, or your ACCU-CHEK product, please call our the ACCU-CHEK Customer Care Service Center, 24 hrs a day, 7 days a week at 1-800-858-8072

ACCU-CHEK Meter Mail-in Rebate—Save up to \$15!

Receive a cash rebate for \$15. Simply complete the warranty registration on pages 1 and 2, insert a copy of your original sales receipt with the purchase price circled, and mail all 3 pieces to:

ACCU-CHEK Customer Care Service Center
P.O. Box 49238
Strongsville, OH 44149-9834

Customers covered under Medicare, Medicaid, other government programs or private payers are not eligible for this mail-in rebate offer. It is a federal requirement that Medicare suppliers file claims for diabetes supplies to Medicare to obtain reimbursement. Check with your retailer for Medicare, Medicaid and other government program rebates. The net purchase price after rebate must be shown on the claim form when billing Medicare, Medicaid, any other government program or private payers for reimbursement.

Rebate Terms: Allow 4 to 6 weeks for processing. Offer good only in the United States, Puerto Rico and for military personnel with AFO/FPO addresses. Offer may be claimed only by the purchaser. Limit one rebate offer per meter. Please photocopy and retain all submissions for your records. Total rebate amount not to exceed the net purchase price (after coupons) of Care Kit plus sales tax. A copy of your original sales receipt must be included to receive a rebate. A valid serial number must be included on form to receive rebate. Offer void where prohibited by law. Cannot be combined with any other Roche offer. Roche reserves the right to discontinue or alter the program at any time.

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