

I self-testing

Ready for self-testing? Our Get Started Guide can help you make it happen with the CoaguChek® XS system and **CoaguChek® Patient Services**.



If you're ready to enjoy the freedom and convenience of self-testing, our Get Started Guide has everything you need to talk with your doctor about simplifying your PT/INR routine – in a few easy steps.

Step 1 See if self-testing is right for you.

Before you talk to your doctor, you want to make sure self-testing fits your needs and lifestyle. If most of these factors apply to you, then you're probably a good candidate for self-testing.¹

- You want to have more control over your PT/INR management and care.
- You'd like the freedom to test at home, or wherever it's convenient.
- You'd prefer an alternative to drawing blood from a vein.
- You can perform a self-test or have a caregiver who could assist you.
- You want the peace of mind and confidence that comes with knowing your number.

Sound like you? Then you're ready to talk with your doctor. Bring this guide to your next appointment and ask about the CoaguChek XS system and **CoaguChek Patient Services**.



Step 2 Ask your doctor about the benefits of self-testing.

The CoaguChek® XS system and **CoaguChek® Patient Services** cover everything you need to quickly and easily test your PT/INR values from home, or anywhere that's convenient for you.² The CoaguChek XS meter provides fast and accurate results that you'll report to CoaguChek Patient Services, which makes them available to your doctor.

- The CoaguChek XS meter is the same meter used in most doctors' offices and provides fast and accurate results.
- You report your results to CoaguChek Patient Services online, by phone or wirelessly with the CoaguChek XS mPOC kit
- CoaguChek Patient Services sends the results to your doctor, and your doctor will adjust therapy as needed.



It's convenient.

No need to leave your home. Get lab-quality results in about one minute with a simple and easy-to-use meter.



It's affordable.

Covered by Medicare and many insurance plans.
(Coverage varies based on your condition and other factors.)



It's easy.

You'll get support every step of the way with CoaguChek Patient Services.

So many reasons to self-testing.



One drop of blood.



It helps you stay on track.
(A study has shown that self-testing may result in increased time in therapeutic range.)³



Test anywhere, anytime.²



Small, portable meter.



No trips or waiting at the doctor's office or lab for PT/INR results.



Results in one minute.

If you and your doctor agree self-testing is right for you, then you're ready to get enrolled!

Step 3 Get started self-testing with CoaguChek® Patient Services.

How it works:

1 Your doctor sends in your patient information.

Your doctor submits the Physician Order Form (located on page 4) and Patient Insurance Data online at coaguChekpatientservices.com or by fax.

2 CoaguChek Patient Services confirms your coverage.

We'll contact your insurance company and provide you with estimated out-of-pocket costs. If you decide not to pursue self-testing, we'll notify your doctor.

3 CoaguChek Patient Services schedules your patient training.

You can be trained in the clinic by your doctor's office or at home by one of our certified trainers. During training, you'll learn the importance of testing as prescribed and how to:

- Use the meter
- Report test results
- Order testing supplies

4 CoaguChek Patient Services manages results and compliance.

We'll collect and communicate all results and notify your doctor ASAP of out-of-range results. We also have a convenient adherence program that helps keep you on schedule and reminds you if you miss reporting a result.

5 CoaguChek Patient Services provides ongoing service and support.

We provide testing supplies to you and have 24/7 technical support for the meter.



Find yourself at the heart of convenience with the CoaguChek XS self-testing system and **CoaguChek Patient Services.**

*Your patient enrollment status can be viewed online at coaguCheklink.com

Questions?

Visit coaguChekpatientservices.com or call 1-866-805-5774

COAGUCHEK is a trademark of Roche.
All other product names and trademarks are property of their respective owners.

© 2017 Roche. PP-US-09532-0817

Roche Diagnostics
9115 Hague Road
Indianapolis, IN 46256
coaguChekpatientservices.com

CoaguChek® Patient Services
Provided by Roche Health Solutions Inc.

1 J. Douketis, "Patient self-monitoring of oral anticoagulation therapy," *American Journal of Cardiovascular Drugs*, 2001;1(4): 245-251.

2 The CoaguChek® XS system may be used up to a maximum altitude of 14,000 feet. Internet availability required for wireless reporting. 2net™ Hub transmitter works only in the United States and requires a reliable cellular connection.

3 DB Matchar et al., *New England Journal of Medicine*, 2010.

EMR ID: _____

Org ID: _____

CPS Account # _____

PHYSICIAN ORDER FOR PT/INR PATIENT SELF-TESTING

• Complete all sections • Sign and date form • Fax the completed form to CoaguChek® Patient Services (see below)

1 PATIENT FIRST NAME*		MI	LAST NAME*		GENDER <input type="radio"/> M <input type="radio"/> F	DOB (mm/dd/yyyy)*
HOME ADDRESS*			CITY*	STATE*	ZIP/POSTAL CODE*	
PRIMARY PHONE # 1-		SECONDARY PHONE # (if applicable) 1-		PATIENT EMAIL (if available)		

2 PATIENT DIAGNOSIS CODE* (complete all that apply)						
Based on diagnosis of the patient's condition, enter all the applicable ICD-10 diagnosis codes. Below are commonly used ICD-10 diagnosis codes for patients who are monitoring PT/INR at home. This is not a complete list of possible codes. You may also enter separate code(s) in Other . The website below has more information about ICD-10 codes recognized by CMS under the National Coverage Determination for PT/INR testing (NCD 190.11) available as one of 26 files: http://go.cms.gov/2D7EvGU						
<input type="radio"/> Z79.01 - Long term (current) use of anticoagulants	<input type="radio"/> I48.2 - Chronic atrial fibrillation	<input type="radio"/> I48.0 - Paroxysmal atrial fibrillation	<input type="radio"/> Z95.2 - Presence of prosthetic heart valve	<input type="radio"/> I26.99 - Other pulmonary embolism without acute cor pulmonale	<input type="radio"/> D68.59 - Other primary thrombophilia	<input type="radio"/> D68.51 - Activated protein C resistance
<input type="radio"/> Z95.4 - Presence of other heart-valve replacement	<input type="radio"/> Other - _____					

3 THERAPEUTIC RANGE		4 NOTIFICATION RANGE		5 PRESCRIBED FREQUENCY	
LOW*: _____ HIGH*: _____		INR results that are <1.8 and > 4.5 will be called unless otherwise specified below. BELOW: _____ ABOVE: _____		Tests per month (select one)* While patient self-testing can be prescribed at any frequency, the following options are offered: <input type="radio"/> 2-4 <input type="radio"/> Weekly Note: Medicare will cover up to one test per week.	

6 CONTACT FOR PATIENT RESULTS	TITLE	PHONE (OUT OF RANGE)* 1-	FAX (ALL RESULTS)* 1-	CONTACT EMAIL
-------------------------------	-------	-----------------------------	--------------------------	---------------

7 PATIENT TRAINING - Face-to-face training is required (select one of the options below)*		
<input type="radio"/> By Clinic/Practice	<input type="radio"/> By CoaguChek Patient Services	<input type="radio"/> Physician certifies patient was face-to-face trained on the CoaguChek PT/INR monitoring system

PHYSICIAN AUTHORIZATION (signature and date must be hand-written or esigned)

This form serves as a Physician's Order for the CoaguChek PT/INR monitoring system for Patient Self-Testing and related supplies. I certify that this patient has been on oral warfarin therapy for more than 3 months and is a suitable candidate for self-testing. At this time, the patient or his/her caregiver has no condition that makes self-testing unsafe (e.g., cognitive and/or physical disorders). I agree to notify CoaguChek Patient Services if self-testing is no longer prescribed for this patient.

8 PRESCRIBING PHYSICIAN SIGNATURE*		DATE (mm/dd/yyyy)*	PHYSICIAN NPI#	
SIGN & DATE				
PRESCRIBING PHYSICIAN PRINTED*		PRACTICE/CLINIC NAME		
CLINIC STREET ADDRESS*	SUITE #	CLINIC CITY*	CLINIC STATE*	CLINIC ZIP*
PHYSICIAN PRIMARY PHONE # 1-	PHYSICIAN FAX # 1-	PHYSICIAN EMAIL ADDRESS		

9 INSURANCE INFORMATION		
Note: For patients with private insurance coverage, please provide 3 months of clinical notes with Rx submission		
PRIMARY HEALTH INSURANCE INFORMATION		
INSURANCE COMPANY	POLICY ID #	CUSTOMER SERVICE PHONE # 1-
SECONDARY HEALTH INSURANCE INFORMATION		
INSURANCE COMPANY	POLICY ID #	CUSTOMER SERVICE PHONE # 1-

No Insurance Coverage **Note: copy of front & back of patient insurance card with Clinic Face Sheet also accepted**

*To avoid delay in processing, completion of this field is required.

CoaguChek® Patient Services

Provided by Roche Health Solutions Inc.

www.coaguChekpatientservices.com
COAGUCHEK is a trademark of Roche.
© 2018 Roche.
SOP05.05.CPSO.0025.FM1 ver.03

Please fax completed form to the central office.‡

Phone: 1-800-780-0675
Fax: 1-800-779-8560

‡ Your patient will be served by the applicable regional office. Please refer to the CoaguChek Patient Services Regional Offices map. (coaguChekpatientservices.com)

