

## Our Next Generation Blood Glucose Meters Promote *Safe, Accurate Results* for Your Patients.

Our program is designed to educate, train and help **qualified Medicare and Medicaid** patients start testing their blood glucose levels right away!

### Each FastStart Kit includes:<sup>1</sup>

- An insulated koozie bag
- Friendly welcome card
- New blood glucose meter featuring:
  - Smaller blood sample sizes
  - Alternate site testing
  - No-coding
  - Advanced technologies, and more!
- Small sample starter test strips & lancets
- Control solution
- Diabetes-related educational material
- Healthy diabetic-friendly recipe cards
- Words of inspiration card



Ask your Account Executive about our Demo FastStart Kit option.

<sup>1</sup>Limit one per qualified patient with diabetes. These kits are not billable and are not intended for resale.

Our valued customers with diabetes are enrolled in our **CAREClub** program!

We are dedicated to helping our customers live a better *quality of life* by providing ongoing education, follow-up care and support. Our quarterly **CareClub** mailing includes *new* post cards: a friendly welcome card, two new healthy and delicious recipes and a new "Words of Inspiration" card to brighten their day.

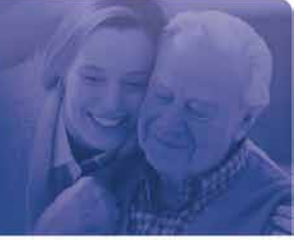
To learn more or to refer your patients today, call us:

**(800) 565-6167**

Hours of operation: 8:00 AM - 5:00 PM ET

**www.HomeCareDelivered.com**





## FastStart Kit Program Terms & Conditions

### About Home Care Delivered's FastStart Kit Program:

- Home Care Delivered's FastStart Kit Program for **Qualified Medicare and Medicaid Patients with Diabetes** is designed to educate and help your patients start testing their blood glucose levels right away. Our goal is to support your patients and encourage their compliance with their prescribed treatment plans. Each FastStart Kit includes an insulated koozie bag, a meter kit (including a new blood glucose monitor, 10 test strips, 10 lancets, a lancing device, and control solution), diabetes-related educational material, a welcome to HCD postcard, 2 healthy recipes, and a Words of Inspiration card.
- The meter and testing supplies included in the FastStart Kit are provided to Home Care Delivered ("HCD") by the manufacturer at no cost with the intent that FastStart Kit recipients are Qualified Patients with Diabetes. Because HCD receives the meter and testing supplies at no cost, HCD is able to supply qualified patients with FastStart Kits at no cost. The FastStart Kits are not billable and are not intended for resale.

### Your Agency/Office's Responsibilities:

- An **Authorized Representative** from your agency/office, by signing the attached document, agrees to oversee your agency/office's compliance with these Terms and Conditions. In addition, your agency/office will designate a specified contact(s) for the FastStart Kit Program who will act as the liaison(s) between your agency/office and HCD. Each contact will be responsible for keeping track of the FastStart Kit inventory that they are in receipt of. HCD can also coordinate with your agency/office to ship FastStart Kits directly to patients.
- "Qualified Patients with Diabetes" include current **Medicare beneficiaries or Medicaid recipients** with diabetes. Contact your HCD representative for additional information on patient coverage.
- Limit one (1) FastStart Kit per Qualified Patient with Diabetes.
- Your agency/office can receive up to one (1) FastStart Kit per meter type for demonstration purposes. **Demo FastStart Kits** are intended for in-office demonstration purposes only. The contents are not intended for any purpose other than to demonstrate, educate and train patients or office staff on use of the meter and testing their blood glucose levels.
- **FastStart Kit Tracking Policy:** For each FastStart Kit provided to a Qualified Patient with Diabetes, Home Care Delivered needs to receive the FastStart Kit recipient's name for tracking and compliance purposes. For your convenience, FastStart Kit recipients' names can be provided to Home Care Delivered either verbally (by phone) or in writing (including via Patient Enrollment Form, Physician Order Form, HCD secure electronic enrollment form or encrypted email. Please remember any email containing patient protected health information (PHI) as defined by HIPAA must be HIPAA secure).
- FastStart Kit recipients who receive a FastStart Kit are not obligated to obtain their supplies from HCD; however, if the FastStart Kit recipient would like to obtain their supplies from HCD, please have him/her complete the Authorization of Billing portion of the Patient Enrollment Form or Physician Order Form to expedite processing of the supply order.

### Home Care Delivered's Responsibilities:

- The FastStart Kit Program is designed with the intent that FastStart Kits will be given to Qualified Patients with Diabetes. FastStart Kits are designed to educate, train and help patients start testing their blood glucose levels right away.
- HCD will provide education and support regarding the FastStart Kit Program requirements to your staff so that the program is effectively implemented.
- As long as your agency/office is in compliance with these Terms and Conditions, a small inventory of FastStart Kits may be kept on hand at your agency/office to be distributed to Qualified Patients with Diabetes. The size of such inventory will be determined by HCD, and HCD will replenish your agency/office's FastStart Kit inventory as necessary and in accordance with Home Care Delivered's policy.



Home Care  
Delivered, Inc.<sup>®</sup>  
*More than just home delivery*



Home Care Delivered's FastStart Kit Program for **Qualified Medicare and Medicaid Patients with Diabetes** is facilitated through healthcare professionals who provide care or support to patients with diabetes and who choose to participate in the FastStart Kit Program. The FastStart Kit Program is made possible through your agency/office's support and cooperation.

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## FastStart Kit Program Terms & Conditions

By my signature below, I hereby agree to adhere to the FastStart Kit Program Terms & Conditions.

Agency/Office Name: \_\_\_\_\_

Authorized Representative's Name: \_\_\_\_\_  
(Please print)

Title: \_\_\_\_\_  
(You are authorized to sign)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FastStart Kit Contact's Name: \_\_\_\_\_  
(Person who will receive FastStart Kit inventory)

FastStart Kit Contact's Title: \_\_\_\_\_

FastStart Kit Contact's Phone #: \_\_\_\_\_

Ship-to Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

**Please *FAX* the completed and signed FastStart Kit Program Terms & Conditions to Home Care Delivered at (888)565-4411 (toll-free fax)**