

E3 ZERO CO-PAY SUPPLY PROGRAM

Enrolling is easy!

- Visit online at: <https://www.myehcs.com/e3-scoic/>
- Email E3@myehcs.com
- Call 1-888-344-3434 and mention the E3 program

The screenshot shows the top navigation bar of the website with links for Diabetes, Breast Pumps, NutraVantage, About Us, News, Store, Pay My Bill, Contact Us, and Sign In / Register. Below the navigation is the SCOIC logo. The main heading is "Pulse Health Solutions E3 Zero Co-Pay Diabetes Testing Supply Program". The text below explains that the program allows eligible SCOIC members to receive diabetes testing supplies at no cost through Edwards Health Care Services (EHCS). A yellow "ENROLL NOW!" button is prominently displayed. Below the button, the text states: "OUR GOAL is to ensure the right product is delivered on-time...every time! We strive to help improve the quality of life living with diabetes." The bottom of the page features a large downward-pointing chevron and the SCOIC logo.

Enter Personal Information:

1. Select employer.
2. Enter insurance member number.
3. Responsible Party: **Self (employee), Spouse, Child, Etc.**
4. Enter all personal information: **Name, Gender, and Birth Date**
5. Address
6. Phone
7. Email
8. Preferred Contact Method

The screenshot shows the "SCOIC Diabetes Supply Program Enrollment Form". At the top, it says "Thank you for your interest in the E3-Zero Co-Pay Diabetes Supply Program! Once you complete the enrollment form below, EHCS will verify your insurance benefits and obtain a prescription from your doctor. EHCS will contact you to explain your benefits prior to shipping your first order. Our highly trained staff will handle all the necessary insurance paperwork on your behalf. Please email ContactUs@myEHCS.com if you have any questions." Below this is a progress indicator showing "Page 1" selected, followed by "Page 2", "Page 3", and "Page 4". The form fields include: "Please select your employer." (dropdown), "Enter your insurance member number." (text), "Responsible Party" (dropdown with "Self" selected), "Name" (First and Last text boxes), "Gender" (Radio buttons for Female and Male), "Birth Date" (calendar icon), "Address" (Address Line 1, Address Line 2, City, State, and Zip Code text boxes), "Phone" (text box), "Mobile Phone" (text box), "Email" (text box), and "Preferred Contact Method" (dropdown). At the bottom, there is a question "Is your shipping address different than the address above?" with "Yes" and "No" radio buttons, and a "Next" button.

E3 ZERO CO-PAY SUPPLY PROGRAM

Enter Emergency Contact Information



SCOIC Diabetes Supply Program Enrollment Form

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Emergency Contact *

Emergency Contact Phone *

Next

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Physician Information:

1. Physician Name
2. Physician Practice Name
3. Physician Phone Number
4. Physician Address
5. Date of last office visit



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Physician Name *

Please enter the name of the doctor treating you for your diabetes.

Physician Practice Name Physician Phone Number *

Physician Address *
Address Line 1
Address Line 2
City State Zip Code

When was the date of your last office visit with this physician?

Back Next



E3 ZERO CO-PAY SUPPLY PROGRAM

Current testing requirements:

1. Do you take insulin injections with a needle?
2. Do you wear an insulin pump?
3. Do you wear a CGM?
4. How many times per day does your doctor want you to check your blood glucose?
5. When did you receive your last order of testing supplies?
6. How many boxes of test strips did you receive in your last order?
7. How many days worth of supplies do you have left?
8. What blood glucose meter are you currently using?
9. What products do you need?



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Do you take insulin injections with a needle?
 Yes No

Do you wear an insulin pump?
 Yes No

Do you wear a CGM?
 Yes No

How many times per day does your doctor want you to check your blood glucose?

When did you receive your last order of testing supplies?

How many boxes of test strips did you receive in your last supply order?

How many days worth of supplies do you have left?

What blood glucose meter are you currently using?

Please note: If your monitor is NOT listed, then EHCS does not carry it.

- Which products do you need?
- Testing strips
 - Lancets
 - Control solution
 - Lancing device
 - Blood glucose meter



E3 ZERO CO-PAY SUPPLY PROGRAM

That's it!

An Edwards Health Care Services (EHCS) representative will verify your insurance coverage and begin processing your order.

Any questions call 1-888-344-3434 and reference SCOIC and the E3 program.

