

Weekly blood glucose chart

Name: _____

Physician's name: _____

Medication types: _____

Normal results for blood glucose readings

➤ **Talk to your doctor about your specific glucose results**

Date	After breakfast	After lunch	After dinner	Other	Insulin/medication	Notes about day: (Skipped meals, exercise, food intake)
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	
	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	Glucose: Time:	

Member Services 1-855-690-7800 (TTY 711)
 Hours are Monday through Friday from 8 a.m. to 5 p.m.
www.anthem.com/wimedicaid

Anthem Blue Cross and Blue Shield is the trade name of Compcare Health Services Insurance Corporation, an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Member Services number on your ID card. Or you can call our Member Advocate at **1-262-523-2424**.

Anthem Blue Cross and Blue Shield follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- National origin
- Disability
- Color
- Age
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

Your rights

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail or phone:

Member Advocate

Phone: **1-262-523-2424**

N17 W 24340 Riverwood Drive

Waukesha, WI 53188

Need help filing? Call our Member Advocacy Manager at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **By mail:** U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201
- **By phone:** **1-800-368-1019** (TTY/TDD **1-800-537-7697**)

For a complaint form, visit www.hhs.gov/ocr/office/file/index.html.



ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-855-690-7800 (TTY: 711).

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-855-690-7800 (TTY: 711).

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-855-690-7800 (TTY: 711).

注意: 如果您说中文，您可获得免费的语言协助服务。请致电 1-855-690-7800 (TTY 文字电话：711)。

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-855-690-7800 (TTY: 711).

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-690-7800 (TTY: 711).

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-855-690-7800 (TTY: 711).

ကျေးဇူးပြု၍ နားဆင်ပါ - သင်သည် မြန်မာစကားပြောသူဖြစ်ပါက၊ သင့်အတွက် အခမဲ့ဖြင့် ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ ရရှိနိုင်သည်။ 1-855-690-7800 (TTY: 711) တွင် ဖုန်းခေါ်ဆိုပါ။

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 1-855-690-7800 (هاتف نصي: 711).

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-855-690-7800 (telefon za gluhe: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachhilfsdienste zur Verfügung. Rufen Sie die folgende Nummer an: 1-855-690-7800 (TTY: 711).

주의: 한국어를 쓰시는 경우, 언어 지원 서비스가 무료로 제공됩니다. 1-855-690-7800 (TTY: 711) 번으로 연락해 주십시오.

CHÚ Ý: Nếu bạn nói tiếng Việt, thì có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-855-690-7800 (TTY 711).

GEB ACHT: Wann du Pennsylvanisch Deutsch schwetzsch, Schprooch Hilfe Services sin meeglich mitaus Koscht. Ruff 1-855-690-7800 (TTY: 711)

ATTENTION : Si vous parlez français, les services d'assistance linguistique vous sont accessibles gratuitement. Appelez le numéro 1-855-690-7800 (TTY : 711).

UWAGA: Jeśli mówisz po polsku, usługi wsparcia językowego są dostępne dla Ciebie bezpłatnie. Zadzwoń pod numer 1-855-690-7800 (TTY: 711).