



# Loan Program Order Form

# Medtronic

**Congratulations on your decision to loan a Medtronic MiniMed™ 780G insulin pump. The Medtronic AccessPlus Program is designed for people like you who have made the decision to start or continue using a Medtronic MiniMed™ 780G insulin pump until you are able to claim a pump through your Private Health Insurance, up to a period of 12 months.**

## Eligibility Requirements

1. Australian Resident;
2. Have Type 1 Diabetes;
3. Obtain a compatible Medtronic CGM through National Diabetes Services Scheme (NDSS);
4. Been prescribed an insulin pump by your healthcare professional;
5. Currently have Private Health Insurance (PHI) or the ability to pay \$AUD 8,574; and
6. Not currently using an in-warranty or loan Medtronic MiniMed 770G or 780G Insulin pump.

## Required Documentation

1. Medtronic Loan Application Form. Please ensure you include the signed approval from your Clinician and Diabetes Educator.
2. PHI policy certificate or joining letter which must include confirmation of your current membership with a registered health insurer indicating Member Name, Cover Start Date, Membership Number and Level of Cover.
3. Product Disclosure Statement for your PHI.

## Submission of Application

1. Email: [Australia.diabetes@medtronic.com](mailto:Australia.diabetes@medtronic.com)
2. Fax: 02 9857 9237

The **terms and conditions** attached to the loan of a Medtronic pump are outlined in the attached document and should be fully understood before starting the program.

A loan pump is only provided upon approval of the completed application, and at the discretion of Medtronic Australasia Pty Ltd.

## Application completed - What to expect next?

To ensure that a pump is delivered in a timely manner, please ensure your application is complete - application will not be processed until all documentation is received.

Once Medtronic has received your completed forms, the loan pump will be dispatched to the address identified in your application. (Please note: if approval has been provided by your Healthcare team for a remote start, the pump will be sent to your home address - appropriate training still needs to be undertaken by your diabetes service). Your diabetes service will contact you and will discuss with you how to access insulin pump consumables through the NDSS, your consumable requirements and book a pump initiation date. It is important to order your pump consumables through NDSS prior to your pump start date.



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## IMPORTANT ASPECTS OF THE ACCESSPLUS PROGRAM

1. The **AccessPlus Program** provides you (**Pump User**) access to the Medtronic 780G insulin pump while you are waiting for your Private Health Insurance (**PHI**) to either mature or you currently have an in-warranty insulin pump that is eligible to upgrade with your PHI in less than 12 months.  
An application may be submitted for a loan period over 12 months or an out of warranty insulin pump but is subject to Medtronic's further discretion and approval. Further fees may apply. These fees will be disclosed on approval.
2. It is the Pump User's obligation to ensure they maintain correct PHI coverage throughout their loan period. Pump User must remain contactable throughout their loan period. Medtronic may confirm PHI coverage at any time during the loan period. If you decide to cease your PHI coverage or your PHI coverage no longer covers insulin pumps, please notify Medtronic and return the loan insulin pump within 14 calendar days. If you change your PHI provider, please notify Medtronic so your record can be updated.
3. Medtronic retains ownership of the loan insulin pump however maintenance and care of the pump is your responsibility. Typically, your PHI will not cover lost or stolen pumps. We suggest that you contact your Home and Contents insurer to confirm the insulin pump is included in your insurance. Otherwise, if your loan insulin pump is lost or stolen, you will be liable for the total cost of the loan insulin pump of AUD \$8,574.
4. It is your responsibility to return the loan insulin pump to Medtronic and ensure it remains in your possession throughout the loan period. You will be liable for the total cost of the loan insulin pump of AUD \$8,574 if you sell, donate, loan or leave your loan insulin pump with any other third-party including Health Care Professionals.
5. During your loan period, our Medtronic **24Hr Product Helpline** (1800 777 808) is a toll-free number (from Australian landlines only) that offers assistance for any pump-related technical issues you may encounter. If our technical team determines that your loan insulin pump should be replaced, we will send you a replacement loan insulin pump within 2- 3 business days. Please note that our local support team will advise the time frame, depending on the metro or regional area delivery routes/schedules.
6. We will contact you closer to the end of your loan period (**Access Date**) when you can access your new insulin pump. Medtronic is happy for you to use the loan insulin pump without charge until your Access Date. If you then choose to go on a Medtronic insulin pump purchased through your PHI, there are no extra charges to pay, provided that the loan insulin pump is returned to Medtronic within **14 calendar days of the Access Date**.
7. If your loan period is less than two months you will be required to retain your loan insulin pump through the 'Loan to Own' option. If your loan period is longer than two months you may opt to retain your loan device through 'Loan to Own' option, Medtronic will discuss this process with you further. Both are subject to PHI approval.



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8. Pump return means that we can provide the same opportunity to another Medtronic Pump User who is waiting to access Medtronic 780G insulin pump therapy. Please return your loan insulin pump to Medtronic or call our Diabetes Support Services Team on 1800 777 808 (toll free from Australian landlines only) to organise the return of your loan insulin pump.
9. Please note if you have chosen **not** to purchase a new Medtronic 780G insulin pump or continue with the Loan to Own option within **14 calendar days of the Access Date** and you have not returned the loan insulin pump within this period, it will be presumed lost by Medtronic and you will be liable for the full value (\$8,574 GST exempt) of the pump.

If you would like to know more about our current products feel free to contact our Diabetes Therapy Consultants on 1800 777 808 or visit us online at [www.medtronic-diabetes.com.au](http://www.medtronic-diabetes.com.au).



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## ACCESSPLUS PROGRAM: TERMS AND CONDITIONS

1. The Medtronic (AccessPlus) loan program (**Loan Program**) is to allow an Eligible Pump User to access the MiniMed 780G insulin pump (**Loan Pump**) for a limited period until the Eligible Pump User's Private Health Insurance (**PHI**) matures (**Term**) subject to the terms and conditions below.
2. An Eligible Pump User (also referred to as 'you') for the Loan Program:
  - a. is an Australian resident with Type 1 Diabetes;
  - b. has been prescribed insulin pump therapy by their Health Care Professional (**HCP**);
  - c. has PHI covering Insulin Pump Therapy or the ability and willingness to pay AUD \$8,574 and either:
    - i. using an in-warranty insulin pump (excluding MiniMed 770G or 780G) that is eligible to upgrade with PHI within 12 months. If more than 12 months, Medtronic reserves the right to waive this requirement; or
    - ii. currently serving your waiting period for your PHI to mature; or
    - iii. is not currently using an in-warranty Medtronic MiniMed 770G or 780G insulin pump; and
  - d. applies and obtains NDSS funding for Medtronic compatible CGM through their HCP.
4. Prior to supplying the Loan Pump, an Eligible Pump User must provide Medtronic with confirmation of approval for funding by their PHI and any additional paperwork required by their individual PHI. The Eligible Pump User must continue to have the correct level of PHI during the Term and until their PHI is billed.
5. If the Eligible Pump User decides not to continue with the Loan Pump or ceases to be an Eligible Pump User under clause 2 of these Terms and Conditions, the Eligible Pump User must return the Loan Pump to Medtronic Diabetes Support Services within 14 calendar days of ceasing use of the Loan Pump or ceasing to be an Eligible Pump User.
6. An Eligible Pump User will not be required to make any payment for use of the Loan Pump, except if your Loan Pump is lost, damaged, or destroyed or if it is not returned within 14 calendar days of your 'Access Date'. You will be liable for the replacement cost of the Loan Pump up to the value of AUD \$8,574.00(GST exempt). Medtronic may take further action to recover the value of the Loan Pump.
7. Medtronic retains full title to the Loan Pump. The Eligible Pump User, while in possession of the Loan Pump, is regarded as a bailee. The Eligible Pump User must not mortgage, pledge, sell, charge, encumber, sub-let, part with possession of, grant any lien, license or other encumbrance over or otherwise dispose of or deal with or permit to exist any license or other encumbrance over the Loan Pump or any part of it and the Eligible Pump User must keep the Loan Pump free from any distress, execution or other legal process.
8. The Eligible Pump User shall bear all expenses for the use, operation, maintenance and safe keeping of the Loan Pump.



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9. The Eligible Pump User undertakes that during the Term they will: (a) be the only user of the Loan Pump; and (b) comply with the instructions and recommendations of Medtronic and the manufacturer in relation to the Loan Pump and its use.
10. To the extent permitted by law, Medtronic is not liable to the Eligible Pump User in any manner relating to the Loan Pump including but not limited to its use, operation, maintenance and safe keeping or any claim or damage by any person in connection with the Pump, its use, operation, maintenance, or safekeeping. The Eligible Pump User indemnifies Medtronic and its directors, officers, employees, agents and representatives against all claims, proceedings, costs (including legal costs on a solicitor/own client basis) expenses, loss or damage that Medtronic may sustain or incur because of or in connection with, whether directly or indirectly, the use of the Loan Pump by the Eligible Pump User.
11. This Agreement is governed by New South Wales law. The parties will attempt to resolve all disputes by negotiation. Any unresolved dispute will be mediated promptly by a qualified mediator. The Eligible Pump User must report all Loan Pump related adverse events and/or equipment complaints to Medtronic at the time of occurrence.
12. Medtronic is committed to protecting the Eligible Pump User's privacy and will only use personal information and health information for the purposes for which it was collected in accordance with the privacy statement and the Privacy Policy at [www.medtronic-diabetes.com.au/privacy-statements](http://www.medtronic-diabetes.com.au/privacy-statements). Medtronic will collect the Eligible Pump User's information for the purposes of providing the Loan Pump and securing a deposit for the amount of the Loan Pump.



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## Pump User

Name:  Date of Birth:

If minor, parent/guardian name:

Street Address:

Suburb:  State:  Postcode:

Email:

Mobile Number:  Alternative Number:

Type:  1  2 NDSS Registration Number:

## Private Health Insurance

Private Health Insurance Provider:

Membership Number:

Level of Cover:  Cover Start Date:

## Loan Pump & CGM Order (Excludes Travel Loan Pumps)

### Loan Pump Order

#### What is your current pump therapy status?

- New to insulin pump therapy
- Using a Medtronic MiniMed 6XX Series insulin pump
- Using another insulin pump provider:

Please provide brand

### Loan Period End Date

The loan period end date will be determined by your eligibility to claim an insulin pump; either your insulin pump warranty date or by the maturation date of your current private health insurance policy, whichever is later. Please select option that is applicable for you:

- I am serving private health insurance waiting period to access an insulin pump. Maturation Date:
- I am still within the pump warranty. Warranty end date:

### Pump Model Selection

- MiniMed™ 780G - Price: AUD \$8,574. Rebate Code: MI452



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## Loan Pump & CGM Order

**Is your smartphone listed on the Medtronic compatibility webpage?**

Yes  No

Check your smartphone's compatibility with the MiniMed™ 780G at <https://www.medtronic-diabetes.com.au/mm780g-supported-devices>



**View now**

## CGM Order

Select either Existing Medtronic CGM User option (A) or New to Medtronic CGM option (B)

**A - Existing Medtronic CGM User** (If you accidentally select an option, please uncheck.)

- I currently receive Medtronic CGM via the NDSS
- have an existing CGM subscription with Medtronic

**B - New to Medtronic CGM** (If you accidentally select an option, please uncheck.)

I can confirm I will order Medtronic Bluetooth CGM via

- NDSS
- Medtronic eShop

## By signing the below, I can confirm that I agree to the following:

- I have read & understood the Privacy Collection Statement & Privacy Policy (<https://www.medtronic-diabetes.com.au/privacy-statements>).
- I have read & understood the Loan Terms & Conditions provided with this application.
- It is the Pump User's responsibility to return the loan insulin pump to Medtronic and ensure it remains in their possession throughout the loan period. The Pump User is liable for the total cost of the loan insulin pump of AUD\$8,574 if sold, donated, loaned or the loan insulin pump is left with any other third party, including Healthcare Professionals.
- It is the Pump User's obligation to ensure they maintain correct private health insurance coverage throughout their loan period. The Pump User must remain contactable throughout their loan period. Medtronic may confirm PHI coverage at any time during the loan period.
- I give my healthcare professional consent to submit my personal & sensitive information on my behalf to Medtronic to process this order.

Insulin Pump User's signature  
(if minor, parent/guardian signature)

Date

## Attach your supporting documents here:

PHI Policy Certificate or joining letter

Must include confirmation of your current membership with a registered health insurer indicating Member Name, Cover Start Date, Membership Number and Level of Cover.

**Upload now**

Product Disclosure Statement  
for your PHI

**Upload now**



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## Hospital/Clinic & Healthcare Professional Information

Name of Hospital/Clinic:

Hospital/Clinic Address (include unit/clinic):

Suburb:  State:  Postcode:

Name of Diabetes Educator:

Contact Number:  Email Address:

Name of Prescribing Clinician/Endocrinologist:

Pump start will occur under a CPT Medtronic Agreement:  Yes  No Pump start date:

Delivery Option:

- To the pump user's address
- To the hospital/clinic address
- Other address:

Specify address:

By signing the below, I certify that I am a registered healthcare professional & that the named patient is indicated for treatment using the Medtronic therapies ordered on this form. A copy of this order will be retained as part of the patient's medical record. I give my consent to Medtronic to liaise with the patient's health fund on my behalf & I confirm that I have communicated the Privacy Statement below to my patient & obtained their permission to share their personal & sensitive information with Medtronic. I understand that Medtronic disclaims all liability with respect to the falsification or modification of this attestation of clinical need & my confirmation that my patient consents to my sharing of their data with Medtronic. I understand that Medtronic's insulin pumps are registered on the Australian Register of Therapeutic Goods for single-patient use only. That is, used by the original purchaser. Second-hand use is therefore an off-label use of a Medtronic insulin pump, & Medtronic does not endorse or support the off-label use of its products.

Healthcare Professional Signature

Date

### Attach your supporting documents here:

PHI Policy Certificate or joining letter

Must include confirmation of your current membership with a registered health insurer indicating Member Name, Cover Start Date, Membership Number and Level of Cover.

[Upload now](#)

Product Disclosure Statement  
for your PHI

[Upload now](#)

[Submit Form](#)