AHSA INSULIN PUMP REPLACEMENT APPLICATION FORM

Please complete all fields below and forward this application directly to the health fund concerned with as much notice as possible prior to the fitting date as the health fund may not agree to contribute after the insulin pump has been fitted.

PATIENT INFORMATION	
Patient's name:	Date of Birth:
Health Fund:	Membership No:
PROVIDER/DOCTOR DETAILS	
Treating Endocrinologist: Phone: Email:	Diabetes Educator: Phone: Email:
Clinic Name:	Clinic Provider No:
CURRENT INSULIN PUMP DETAILS	
Pump Name:	Supplier Name & Model:
Prostheses List Billing Code:	Date of Fitting:
NEW INSULIN PUMP DETAILS	
Pump Name:	Supplier Name & Model:
Prostheses List Billing Code:	Anticipated Date of Fitting:
Reason for Upgrade/Replacement:	
Supporting documentation attached: ☐ Letter from treating doctor outlining reason for upgrade, BSL results and clinical history ☐ Supplier report indicating that pump is no longer functioning (where appropriate)	
Provider Declaration: • I declare that all the information provided in connection with this application and claim is true and correct. Provider's Signature: Date:	
Patient/Guardian Declaration: • I declare that all the information provided in connection with this application and claim is true and correct. • I authorise: ○ the prostheses supplier to contact my Health Fund on my behalf in relation to the payment of the insulin pump. I understand the treating doctor's letter and any other relevant documentation will be sent to my Health Fund on my behalf for the purpose of determining private health insurance benefits in accordance with the Fund's privacy policy. ○ my Health Fund to contact the prostheses supplier, diabetes educator or treating doctor in relation to these services if required ○ the provider to supply relevant information, if required, to my Health Fund for the purpose of determining private health insurance benefits ○ my Health Fund to pay benefits for the insulin pump directly to the prostheses supplier Patient's/Guardian's Signature: Date:	

General Conditions

- Payment relating to this claim is subject to the patient not being formally admitted to hospital
- Completion of the warranty period is not a valid reason for replacement of an insulin pump
- The availability of improved technology is not sufficient reason for an upgrade

Application and Claims Process

The application for a replacement pump is to be submitted to the Health Fund and include a letter of clinical need from the treating doctor. Following Health Fund confirmation of funding, the prostheses invoice is to be sent directly to the Health Fund for payment of benefits to the prostheses supplier.