

Complete and email to:
hospitals@rhealthfund.com.au

Membership No.

1 Your personal details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title	First name	Middle initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Sex (Please mark 'X')	Date of birth (DD MM YYYY)
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>

2 To be completed by your treating Endocrinologist/Diabetes Educator (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Treating Endocrinologist's Name		Diabetes Educator's Name	
<input type="text"/>		<input type="text"/>	
Medicare provider number	Phone	Medicare provider number	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		Email	
<input type="text"/>		<input type="text"/>	

Clinic Name & Address

Is this member's first insulin pump?	Date last insulin pump was received (DD MM YYYY)	Is member currently using a temporary pump?
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for insulin pump or upgrade

Member's HbA1c	Date of HbA1c measurement (DD MM YYYY)
<input type="text"/> %	<input type="text"/>

Please provide details of any hospital admissions in the last year related to diabetes

Manufacturer/model	Prosthesis list billing code	Price
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>

Declaration
To be completed by the Provider

I declare that the information I have provided is true and complete.

Provider signature and practice stamp or details	Date (DD MM YYYY)
X <input type="text"/>	<input type="text"/>

3 Declaration

To be completed by the Policyholder or Partner listed on policy

I declare all information provided in support of this application is true and complete and that all persons covered by this application whose personal (including sensitive) information is being disclosed to rt health have been made aware of the RT Health Privacy Policy.

I acknowledge that RT Health deals with personal information of all members in accordance with its privacy policy. I authorise, and have the consent of the patient, where necessary, to authorise RT Health to contact the provider(s) and to access any information including health information needed to verify this application.

How RT Health collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by rt health is explained in the RT Health Privacy Policy. For a copy of this policy, call our member services team on **1300 886 123** or go to rthealthfund.com.au

Signature must be
of Policy or Partner
listed on Policy

Date (DD MM YYYY)

- All members must be a financial member of a complying hospital product with RT Health for a minimum of 12 months
- All relevant waiting periods must have been served
- RT Health does not offer a benefit for lost, stolen or damaged insulin pumps
- Consumables for insulin pumps are available through the National Diabetes Services Scheme and not payable by the fund
- RT Health may require additional information to assist in the review process
- Completion of the warranty period is not a valid reason for replacement of an insulin pump
- The availability of improved technology is not a sufficient reason for an upgrade
- Please allow one week for processing of this request.

Commencement of insulin pump therapy

Outpatient care

RT Health will offer 100% of the benefit listed on the Department of Health Prostheses List for an insulin pump as an outpatient procedure upon receipt of this form and approval of this request.

In hospital admission

RT Health will provide a benefit for an insulin pump listed on the Prostheses List for an inpatient admission provided the Type C certification is completed in accordance with the legislation. **Please note** that education is not a valid reason for hospitalisation. At times RT Health may require additional information to verify the reasons for hospitalisation.

Continuation of insulin pump therapy

Outpatient care

RT Health offers a benefit towards the replacement of insulin pumps once every five years. RT Health may offer members a pro-rata benefit if they wish to replace their insulin pump sooner, but not while it is under warranty.

Benefits depend upon the member's level of continuous cover with an RT Health hospital product since the previous pump was funded. Note: insulin pumps are excluded on some products. Please refer to your individual product information or phone 1300 886 123

Hospitalisation of members already on insulin pump therapy and with stable diabetes should not be necessary. If members are hospitalised, in addition to Type C certification, rt health may require additional clinical information to verify the reasons for hospitalisation.

Important information for members

Please note, any admission to hospital for insulin pump treatment must be accompanied by valid Type C certification. This needs to be filled out by your treating medical practitioner and received by rt health as part of your hospital claim.

RT Health is not required to provide benefits for a hospital admission for insulin pump initiation or replacement where no valid Type C certification is received.