

INSULIN PUMP FUNDING APPLICATION

HCF Membership No.

Complete and email to:
clinicalreviewemail@hcf.com.au

1 YOUR PERSONAL DETAILS (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title First name

Surname Gender (Please mark 'X') M F Date of birth (DD MM YYYY)

2 TO BE COMPLETED BY YOUR TREATING ENDOCRINOLOGIST/DIABETES EDUCATOR (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Health care provider's name

Medicare provider number Contact number including area code Postcode

Is this member's first insulin pump? Yes No Date last insulin pump was received (DD MM YYYY) Is member currently using a temporary pump? Yes No

Reason for insulin pump

Member's HbA1c Date of HbA1c measurement (DD MM YYYY)

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

Manufacturer/model Prosthesis list billing code Price \$, .

DECLARATION

To be completed by the medical practitioner

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

Medical practitioner signature and practice stamp or details Date (DD MM YYYY)

X

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.

I acknowledge that HCF deals with personal information of all members in accordance with its privacy policy. I consent to HCF using the information in this form to assess my application for insulin pump funding and authorise HCF to contact the provider(s) specified on this form and to collect and use any information including health information needed to verify this application. I acknowledge that if I do not provide the information required in this application, HCF will not be able to assess my claim or pay benefits.

How HCF 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 HCF is explained in the HCF Privacy Policy. For a copy of this policy, call our member services team on **13 13 34** or go to hcf.com.au

Signature must be of the policyholder or partner listed on policy Date (DD MM YYYY)

X

For more information on insulin pumps please refer over page.

IMPORTANT INFORMATION ON INSULIN PUMPS

- All members must be a financial member of a complying hospital product.
- All relevant waiting periods must have been served.
- HCF doesn't offer a benefit for lost, stolen or damaged insulin pumps.
- Consumables for insulin pumps are available through the National Diabetes Services Scheme.
- Please allow one week for processing of this request.

COMMENCEMENT OF INSULIN PUMP THERAPY

Outpatient care

HCF will offer 100% of the benefit listed on the Australian Government Prescribed List for an insulin pump as an outpatient procedure once we receive this form.

In hospital admission

HCF will provide a benefit for an insulin pump listed on the Prescribed 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 HCF may require additional information to verify the reasons for hospitalisation.

CONTINUATION OF INSULIN PUMP THERAPY

Outpatient care

HCF will offer 100% of the benefit listed on the Department of Health Prosthesis List for an insulin pump as an outpatient procedure once we receive this form.

In hospital admission

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

Benefits depend upon the member's level of continuous cover with an HCF hospital product since the previous pump was funded. Note: insulin pumps are excluded on some products. Please refer to your individual product information or call us on **13 13 34**.

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, HCF 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 HCF as part of your hospital claim. HCF is not required to provide benefits for a hospital admission for insulin pump initiation or replacement where no valid Type C certification is received.