Insulin pump funding form

medibank
For Better Health

This form is to be completed by the hospital provider's diabetes educator when the patient applying for an insulin pump will receive treatment as an outpatient (where there is no hospital admission or episode of admitted patient care).

SECTION 1: Patient details

First name: Last name:

Date of Birth: / / Membership number:

SECTION 2: Hospital provider details

Prostheses list code:

Hospital provider number:

Hospital name:

Diabetes educator's name:

Contact number:

SECTION 3: Member eligibility

Contact Medibank on **13 22 30** quoting the hospital provider number and patient membership number to confirm eligibility and document below:

I confirm that Medibank has been contacted and member eligibility confirmed.

Diabetes educator's signature Date: / /

SECTION 4: Clinical confirmation letter

A letter of clinical need is required from the hospital provider's diabetes educator.

Letter is attached with this form

SECTION 5: Information for members and providers

The following conditions apply to payment of a benefit for insulin pumps:

- Benefits are only payable for clinically necessary insulin pumps included on the Department of Health Prostheses List as at the date of service;
- The insulin pump must be compliant with TGA registration;
- The insulin pump must be clinically necessary for the member;
- The member's cover must include benefits for the insulin pump;
- The member has served all applicable waiting periods; and
- The insulin pump must not be replacing a pump which is within the relevant warranty period (replacement eligibility/warranty is from date of fitting).

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SECTION 6: Patient declaration

I authorise the hospital provider to contact Medibank to confirm eligibility for the insulin pump. I understand that entitlement to and payment of benefits is subject to Medibank's Fund Rules, which may change from time to time.

I authorise Medibank to pay benefits for the insulin pump directly to the prosthesis supplier.

I authorise the prosthesis supplier to contact Medibank on my behalf in relation to the payment of the insulin pump invoice. I understand that this form and the clinical confirmation letter will be sent to the prosthesis supplier for submission to Medibank on my behalf for the purpose of providing private health insurance.

Patient (or guardian) signature

Date: / /

SECTION 6: Patient declaration

Claims for the payment of benefits for the insulin pump are to be submitted to Medibank by the prosthesis supplier. Payment is made by EFT or cheque to the prosthesis supplier only.

Prosthesis supplier provider number:

Prosthesis invoice attached

This signed form, clinical letter and the prosthesis invoice are to be sent to:

Hospital Claims – Attention: Hospital Capture One
GPO Box 9999
Docklands, VIC 3001

FURTHER ENQUIRIES

For all enquiries, please call 13 22 30.