

Insulin Pump Form

Pump Start Date

dd / mm / yy

All paperwork must be submitted to AMSL Diabetes 3 weeks prior to pump start to allow for private health insurance approvals and processing.

Hospital Contact Information:

Prescribing Clinician (Required)

Name of Diabetes Educator (Required)

Hospital Name

Delivery Address (if not using Hospital Purchase Order)

city/ suburb state postcode

Phone #

Mobile Phone #

E-mail address

I agree that the diabetes clinic/hospital service listed above will carry out or oversee the Animas Vibe Insulin Pump training for this patient.

If the pump is to be invoiced to the hospital, I have attached the Purchase Order only without a clinical need letter.

If the pump is to be invoiced to the patient/health fund, the health fund forms and clinical need letter from prescribing clinician are attached.

If the pump is to be invoiced to JDRF, the patient has JDRF approval and has 'opted in'.

Office Use Only:

Account Number

Date Processed

Order Number

Serial Number

Pump Customer Information:

Full Name

Parent/Caregiver Name (if applicable)

Date of Birth

dd / mm / yy

Address

city/ suburb state postcode

Home/Work Phone #

Mobile Phone #

E-mail

Health Fund

Fund Membership #

I give my consent to AMSL Diabetes to liaise with my health fund on my behalf, and with myself with regards to (but not limited to) payments for my insulin pump and confirming my eligibility.

I declare that the information provided is true and correct.

Customer Signature (Signature must be handwritten):

x

Date

Order Information:

Please TICK your pumping status:

- Upgrade from Animas pump
- New pump purchase
- From Animas loan pump
- Upgrade from other brand _____

TICK your choice of your free glucose meter:

- OneTouch® Verio® Flex™
- OneTouch® Verio® IQ

Pump Order Details:

Please TICK chosen colour:

- Blue (114-510-65)
- Black (114-511-65)
- Silver (114-512-65)
- Pink (114-514-65)
- Green (114-515-65)



Rebate Code: AN011

Price: \$8950

- Please use BLOCK LETTERS and tick (✓) boxes, or complete on computer using the PDF of this form.
- Please e-mail or fax completed form to: Australasian Medical & Scientific Ltd.
- E-mail: orders@amsl.com.au or Fax: 02 9882 3999. Phone: 1300 851 056 for assistance.

Insulin Pumps are medical aid devices intended for use by patients requiring insulin infusion. Insulin Pumps are not a substitute for, and should not replace, regular communication and training between the patient and the diabetes healthcare team. The Animas Vibe insulin pump has a warranty of 4 years. Dexcom consumables are sold separately. Details of the Animas warranty policy can be found on the AMSL website at www.amsl.com.au. Patient compliance is required for correct pump functionality. All pump starts must be performed by a healthcare professional with appropriate Animas training. It is the patient's responsibility to seek appropriate advice when necessary and to use the device as per usage instructions and warranty conditions. In agreement with the Privacy Act 1988 (Cth), patient records will be maintained in accordance with the National Privacy Principles. The healthcare team, its employees and agents assigns indemnity to Australasian Medical & Scientific Limited from and against all claims of whatsoever nature (to the maximum extent permitted by law) relating (whether directly or indirectly) to the cost of the Insulin Pump. All pricing and offers on this form are valid as of 1st April 2017 and will expire 31st December 2017.