

**MEDIBANK PRIVATE - INSULIN PUMP FUNDING FORM**

This form provides confirmation of details relating to a Medibank Private member applying for an Insulin Pump provided as hospital treatment where there is no hospital admission or episode of admitted patient care. This form is to be completed by the Hospital Provider's Diabetes Educator.

Member Name: \_\_\_\_\_

Medibank Private membership no.: \_\_\_\_\_

Prostheses List Code: AN011 (Animas Vibe Insulin Pump)**Confirmation of member eligibility for benefits to be payable**

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

Hospital Provider Number: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Diabetes Educator's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Physician confirmation  Yes  (Letter of clinical need required document)**I confirm that Medibank Private has been contacted and member eligibility confirmed.**

Diabetes Educator's Signature: \_\_\_\_\_ Date: / /

**Medibank Private - General Conditions**

Medibank Private agrees payment relating to this claim is not subject to the customer being formally admitted to hospital. However, 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 and Ageing's 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; 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).

**Claims**

Claims for the payment of benefits for the insulin pump are to be submitted to Medibank Private by the prosthesis supplier. This signed form, physician letter and the prosthesis invoice are to be sent to:

Medibank Private  
Hospital Claims – Attention: 'Hospital Capture One'  
P.O. Box 9999  
Docklands, VIC 3001

**Payment is made by direct EFT or cheque to the PROSTHESIS SUPPLIER, Provider No. 9928871J**

**Patient / Guardian Declaration**

I authorise Medibank Private to pay benefits for the insulin pump directly to the prosthesis supplier.  
I authorise the prosthesis supplier to contact Medibank Private on my behalf in relation to the payment of the insulin pump invoice. I understand that documentation and the physician letter will be sent to the prosthesis supplier for submission to Medibank Private on my behalf for the purpose of providing private health insurance.

Patient's / Guardian's Signature: \_\_\_\_\_ Date: / /