



Insulin pump replacement/upgrade funding application

This form should be used to request funding for a replacement insulin pump. This form can be completed on-line by typing in the fields below. Once completed please return by email to providersubmissions@hbf.com.au. **Please note that any approval granted is valid for 90 days and is subject to the member holding a financial complying hospital product on the fitting date.**

1 Member details To be completed by the member or policy owner.

Member number Given names Family name

Date of birth Contact phone number

Email

2 Pump Details To be completed by an authorising hospital officer.

Current insulin pump
Name and model Date of purchase

Proposed new pump
Name and model Prosthesis list billing code Cost of pump (**excl. GST**)

Intended fitting date
D D / M M / Y Y Y Y

Is the current pump functioning?
Yes – If yes, please attach a letter from endocrinologist providing clinical reason for replacement.
No – If no, please attach a supplier report indicating the fault

3 Hospital provider details To be completed by the authorising hospital officer.

Name of hospital

Name of authorising hospital officer Contact phone number

Is this funding request part of an in-hospital admission?
Yes – If yes, please attach a Type C certificate
No

Declaration to be completed by authorising hospital officer

I declare that the information I have provided is true and accurate and the member has been made aware of the out-of-pocket expenses associated with insulin pump consumables and any outpatient consultation fees as per declaration below.
Signature

4 Member signature and declaration

I declare and agree that:

- All the information provided above is true and accurate.
- The recipient of the treatment or service of this funding request was the member named above.
- I authorise the provider/s of that treatment or service to provide to HBF all information that is necessary to verify this funding request.
- I understand HBF does not pay a benefit towards the costs of consumables associated with the use of the insulin pump.

Name (please print)

Signature

General conditions

- **All members must hold a financial complying hospital product on the date of fitting. NOTE: No benefit will be payable if this condition is not met.**
- All waiting periods must have been served.
- The benefit for an insulin pump is only payable once every four years provided all other conditions are met.
- No benefit is payable for replacement of an insulin pump within the warranty period except in the case of an upgrade for a valid clinical reason.
- No benefit is payable for replacement of an insulin pump that has been lost or stolen.

Your privacy

HBF Health Limited (**HBF**) complies with the *Privacy Act 1988 (Cth)* to ensure that your personal (including sensitive) information (**Information**) is protected. HBF will use the Information collected to assess and process your claim for an upgrade/replacement of an insulin pump. We may not be able to perform this function or only perform it to a limited extent if you do not provide us with your Information. HBF also engages third parties to carry out functions on behalf of HBF such as claims administration and they may collect the information you supply on this form and pass this information to HBF in order for HBF to assess and process your claim.

When you make the claim you consent to HBF collecting related sensitive information directly from the third parties described above or, if you are not the recipient of the treatment or service the subject of the claim, you give consent on behalf of that recipient.

HBF collects, uses and discloses your Information in accordance with our Privacy Policy, which is available at www.hbf.com.au/about-hbf/legal/privacy-policy or on request by calling an HBF member service advisor on 133 423. Our Privacy Policy contains further information about how HBF handles your Information. This includes information on how you can access and/or seek the correction of your Information that we hold about you as required by law, how to make a complaint about the way your Information is being handled by HBF and how HBF will deal with your complaint.

If you have any questions about how HBF handles your Information, please contact our privacy officer by writing to GPO Box C101, Perth, Western Australia, 6839.

For HBF to complete

Approved Declined

Details of approved benefits

Insulin pump type and code

Cost

Signature

Position

Date