Insulin pump replacement



Please ask your GP or Specialist to complete this form if you've received an insulin pump replacement outside of a hospital. You should check your eligibility for this benefit with us prior to completing the form, so please call **134 246.** Once completed, please return this form with the invoice or receipt attached for processing to **ahm Health Insurance, Locked Bag 1006, Matraville NSW 2036.**

1 Patient's details Please use black pen and print in UPPERCASE

Member number	Title	First names
Surname		Date of birth

2 GP/Specialist details

GP/Specialist's name																												
Address																												
Suburb																					St	ate			Post	code		
Phone						Mobile phone							Prostheses List Code															

3 Declaration by GP/Specialist

I confirm that the provision of this insulin pump replacement is medically necessary, that the prosthesis is included on the Department of Health & Ageing Prosthesis List as at the date of service and that the pump being replaced is not within warranty.

GP/Specialist signature

4 Declaration by Member/Guardian

I declare that the information on this form is true and correct. I authorise ahm to check any of these services with the relevant prosthesis supplier or medical practitioner and if benefits have already been paid by previous health insurers. I acknowledge that ahm may use the information on this claim to assess and process this claim, or for purposes related to this claim as outlined in the ahm Privacy Policy. I confirm that the services submitted on this claim form were performed by the providers, and received by the persons named on this form. I authorise ahm to contact the prosthesis supplier or medical practitioner in relation to the payment of the insulin pump invoice if required.

Member/Guardian signature

Date: / /

18210613

Date:

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Your privacy We're subject to the *Privacy Act 1988* and comply with the principles for handling your personal information. View the ahm Privacy Policy at ahm.com.au or contact us to have a copy posted or emailed to you.

134 246 ahm.com.au info@ahm.com.au Fax 1300 329 246

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