

HCF Membership No.

Complete and fax to:  
**02 9248 9423**

or email to:  
**clinicalreviewemail@hcf.com.au**

## 1 Your personal details (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Title	First name	Middle initial	+
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	Sex (Please mark 'X')	Date of birth (DD MM YYYY)	
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>	

## 2 To be completed by your treating Endocrinologist/Diabetes Educator (PLEASE USE CAPITAL LETTERS AND A BLACK PEN)

Health care provider's name

Medicare provider number  Phone  Postcode

Is this member's first insulin pump? Yes  No  Date last insulin pump was received (DD MM YYYY)  Is member currently using a temporary pump? Yes  No

Reason for insulin pump

Member's HbA1c  % Date of HbA1c measurement (DD MM YYYY)

Please provide details of any hospital admissions in the last year related to diabetes

Manufacturer/model  Prosthesis list billing code  Price \$  ,  .

### Declaration

To be completed by the Medical Practitioner

I declare that the information I have provided is true and complete.

Medical Practitioner  
signature and practice  
stamp or details

Date (DD MM YYYY)

### 3 Declaration

To be completed by the Policyholder or Partner listed on policy

I declare all information provided in support of this application is true and complete and that all persons covered by this application whose personal (including sensitive) information is being disclosed to HCF have been made aware of the HCF Privacy Policy.

I acknowledge that HCF deals with personal information of all members in accordance with its privacy policy. I authorise, and have the consent of the patient, where necessary, to authorise HCF to contact the provider(s) and to access any information including health information needed to verify this application.

How HCF collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by HCF is explained in the HCF Privacy Policy. For a copy of this policy, call our member services team on 13 13 34 or go to [hcf.com.au](http://hcf.com.au)

Signature must be of  
the policyholder or  
partner listed on policy

Date (DD MM YYYY)

For more information on insulin pumps please refer over page.

- All members must be a financial member of a complying hospital product
- All relevant waiting periods must have been served
- HCF does not offer a benefit for lost, stolen or damaged insulin pumps
- Consumables for insulin pumps are available through the National Diabetes Services Scheme
- Please allow one week for processing of this request.



## Commencement of insulin pump therapy

### Outpatient care

HCF will offer 100% of the benefit listed on the Department of Health Prosthesis List for an insulin pump as an outpatient procedure upon the receipt of this form.

### In hospital admission

HCF will provide a benefit for an insulin pump listed on the Prosthesis List for an inpatient admission provided the Type C certification is completed in accordance with the legislation. **Please note** that education is not a valid reason for hospitalisation. At times HCF may require additional information to verify the reasons for hospitalisation.

## Continuation of insulin pump therapy

### Outpatient care

HCF offers a benefit towards the replacement of insulin pumps once every five years. HCF may offer members a pro-rata benefit if they wish to replace their insulin pump sooner, but not while it is under warranty.

Benefits depend upon the member's level of continuous cover with an HCF hospital product since the previous pump was funded. Note: insulin pumps are excluded on some products. Please refer to your individual product information or phone 13 13 34.

Hospitalisation of members already on insulin pump therapy and with stable diabetes should not be necessary. If members are hospitalised, in addition to Type C certification, HCF may require additional clinical information to verify the reasons for hospitalisation.

## Important information for members

Please note, any admission to hospital for insulin pump treatment must be accompanied by valid Type C certification. This needs to be filled out by your treating medical practitioner and received by HCF as part of your hospital claim.

HCF is not required to provide benefits for a hospital admission for insulin pump initiation or replacement where no valid Type C certification is received.