

Insulin Pump Request

- This form is to be used when requesting consideration of funding for an insulin pump.
- The request is to be submitted to the fund prior to the supply of the insulin pump.
- The fund will endeovour to respond to the request by the requested time.
- The form is to be completed in full and must be legible.

PERTH WA 6001. Phone: 1300 13 40 60. Fax: 08 9328 3345		
Hospital:		
Telephone:	Fax:	
Member Number:		
Member Name:		
Address:		
Data of Birthy		
Description and model number/ Billing code:		
Cost:		
Date of Procedure:		

Initial Insulin Pump request:		
as the patient been diagnosed with Type 1 diabetes? Yes 🔲 No 🔲		
Continuous subcutaneous insulin therapy has been trialled and established as the most appropriate form of treatment for this patient? Yes No		
Is the insulin pump to be provided as part of an admitted medically necessary hospital episode? Yes No		
Clinician Declaration:		
I declare that the use of the insulin pump is recommended by an Endrocrinologist, specialist clinician (specialising in the management of Diabetes) or a Credentialed Diabetes Educator – Registered Nurse (CRDE_RN).		
The patient is aware of the out-of- pocket costs related to consumables.		
Authorising Name:		
Authorising Signature:Date		
Replacement Pump Request:		
Clinical Declaration:		
I declare that the recommendation for the replacement pump has originated from an Endocrinologist, specialist clinician (specialising in the management of Diabetes) or a Credential Diabetes Educator – Registered Nurse (CDRE_RN). This recommendation includes a reassessment of the clinical need for the continuing use of an insulin pump.		
The patient is aware of the out-of -pocket costs related to consumables.		
Authorising Name:		
Authorising Signature:Date		
Member declaration:		
I authorise the provider of the treatment or service to provide to HIF all information including clinical records or details if required.		
I declare that the answers provided on this form and any attached documents are true and correct.		
Member Signature:Date:		