

Medtronic Loan Agreement: Bridging the Gap Program

Dear Customer,

Congratulations on your decision to trial a Medtronic insulin pump. The Medtronic **Bridging the Gap** (BTG) program is designed for people like you who have made the decision to start using an insulin pump and are waiting for your Health fund to mature.

First Steps!

In order to access the Medtronic **Bridging the Gap** program you will need to:

1. Complete the enclosed forms:

- a. Medtronic Loan Application form. Please ensure you include the signed approval from your Clinician and Diabetes Educator.
- b. Credit Card Authorisation Form.
- c. Attach confirmation of your current membership with a registered health insurer indicating appropriate level of policy that covers insulin pumps.
- d. If you wish to experience the added benefits of *Sensor Augmented Pump Therapy*, please attach the Continuous Glucose Monitoring order form. This therapy provides glucose readings (in 5-minute intervals) and provides the option for your pump to suspend insulin delivery automatically, when glucose levels are low.

2. Please return the completed documentation (above) to our support team via one of the methods below:

- a. Email: rs.sydzandss@medtronic.com (our preferred option) *or*
- b. Fax: 02 9857 9237 *or*
- c. Liaise with your Diabetes Educator to send these forms to Medtronic.

Please note that due to the high demand for loan pumps, we cannot guarantee the availability of a specific colour/model of the loan pump we will provide. To ensure that a pump is delivered in a timely manner, we request you to submit your application two weeks prior to the BTG pump start date.

The terms and conditions attached to the loaning of a Medtronic pump are outlined in the attached document and should be fully understood before entering into the agreement.

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Application completed – What to expect next!

Once Medtronic has received your completed forms, the loan pump will be dispatched to the Diabetes Service you have identified in your application. (Please note: we are unable to send the pump to your home address – appropriate training needs to be undertaken by your diabetes service). Your diabetes service will contact you and will discuss with you how to access insulin pump consumables through the National Diabetes Services Scheme (NDSS), your consumable requirements and book a pump initiation date. It is important to order your pump consumables through NDSS prior to your pump start date.

Important aspects of the Bridging the Gap Program

1. The **Bridging the Gap** program provides you access to a range of services and updates that enable you to get the maximum benefit out of the insulin pump therapy:

Our Medtronic **24Hr Product Helpline** (1800 777 808) is a toll free number (from Australian landlines only) that offers assistance for any pump-related technical issues you may encounter. In the event that our technical team determines that your pump should be replaced, we will send you a replacement loan pump within 2-3 working days. Please note that our local support team will advise the time frame, depending on Metro area or Regional area delivery routes/schedules.

2. Medtronic retains ownership of the loan pump, however, maintenance and care of the pump is your responsibility. Typically, your health insurance will not cover lost or stolen pumps. We suggest that you contact your Home and Contents insurer to confirm the provision of insulin pump insurance.
3. We will be in contact with you closer to your health fund maturation date ('Access Date') when you can access your new insulin pump. Medtronic is very happy for you to have use of the loan pump without charge until your health fund will cover a new pump. If you then choose to go on a Medtronic pump purchased through your private health insurance, there are no pump rental fees to pay, provided that the loan pump is returned to Medtronic within 90 days of the Access Date.
4. Please note if you have not chosen to purchase a new Medtronic pump within 90 days of the access date, Medtronic will charge you a rental fee of AUD\$198 (GST exclusive) per month until the pump is returned. This rental charge reflects the value being provided to you in having the use of a loan pump.

If you would like to know more about our current products, please contact our Diabetes Sales Team on 1800 777 808 or visit us online at www.medtronic-diabetes.com.au.

Yours sincerely

The Medtronic Diabetes Team

BRIDGING THE GAP PROGRAM: TERMS AND CONDITIONS

1. Medtronic is the owner of the Medtronic Insulin Pump provided to you ("Loan Pump"). The Pump User ("Pump User") requires the Pump for insulin pump therapy for a limited period until the Pump User's private health insurer is willing to pay for the cost of a new pump ("Access Date").
2. Prior to supplying the Loan Pump, you must provide Medtronic with a copy of the Pump User's Health Fund Confirmation Letter or Policy Document, noting that your health insurance membership must have coverage of insulin pump therapy.
3. You will not be required to make any payment for use of the Loan Pump, except in the following circumstances (when payment is deducted from the credit card nominated on Credit Card Authorisation Form):
 - a. If your Loan Pump is lost, damaged or destroyed, Medtronic may require you to pay for the replacement cost of the pump (up to the value of AUD \$9,500.00 GST exempt depending on the model provided);
 - b. If you have not chosen to purchase a new Medtronic pump within 90 days of the Access Date, Medtronic will charge you a rental fee of \$ 198 (GST exempt) per month until the pump is returned.
4. Medtronic retains full title to the Loan Pump. The Pump User, while in possession of the Loan Pump, is regarded as a bailee. The Pump User must not mortgage, pledge, sell, charge, encumber, sub-let, part with possession of, grant any lien, license or other encumbrance over or otherwise dispose of or deal with or permit to exist any license or other encumbrance over the Loan Pump or any part of it and the Pump User must keep the Loan Pump free from any distress, execution or other legal process.
5. The Pump User shall bear all expenses for the use, operation, maintenance and safe keeping of the Loan Pump.
6. The Loan Pump will be made available until the Access Date (subject to availability). The Pump User must return the Loan Pump to Medtronic Diabetes Support Services within 14 days of receiving a new Pump from their health insurer. Please contact our support team on 1800777808 to organise return of loan pump.
7. The Pump User undertakes that during the Term they will: (a) be the only user of the Loan Pump; and (b) comply with the instructions and recommendations of Medtronic and the manufacturer in relation to the Pump and its use.
8. To the extent permitted by law, Medtronic is not liable to the Pump User in any manner relating to the Loan Pump including but not limited to its use, operation, maintenance and safekeeping or any claim or damage by any person in connection with the Pump, its use, operation, maintenance or safekeeping. The Pump user indemnifies Medtronic and its directors, officers, employees, agents and representatives against all claims, proceedings, costs (including legal costs on a solicitor/own client basis) expenses, loss or damage that Medtronic may sustain or incur as a result of or in connection with, whether directly or indirectly, the use of the Pump by the Pump User.
9. This Agreement is governed by New South Wales law. The parties will attempt to resolve all disputes by negotiation. Any unresolved dispute will be mediated promptly by a qualified mediator. The Pump User must report all Loan Pump related adverse events and/or equipment complaints to Medtronic at the time of occurrence.
10. Medtronic is committed to protecting the Pump Users privacy and will only use personal information and health information for the purposes for which it was collected in accordance with the privacy statement and the Privacy Policy at www.medtronic.com.au. Medtronic will collect the Pump Users information for the purposes of providing the Loan Pump and securing a deposit for the amount of the loan pump.

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CREDIT CARD AUTHORISATION FORM

Prior to receiving a loan pump from Medtronic ('Loan Pump'), it is important that you complete and return this form to us. Please note, however, that your card will not be charged, except in the following circumstances:

1. If your Loan Pump is lost, damaged or destroyed you may be liable for the replacement cost of the loan insulin pump (up to the value of AUD \$9,500.00 GST exempt).
2. If you have not chosen to purchase a new Medtronic pump within 90 days of the date on which your health fund matures ('Access Date'), Medtronic will charge you a rental fee of \$ 198(GST Exempt) per month until the pump is returned.

This rental charge reflects the value being provided to you in having the use of a loan pump.

3. The credit card expiry date must cover the loan period requested.

Customer Name: _____

Cardholder Name: _____

Card Account Number: ____ / ____ / ____ / ____

Expiry Date: __ / __ Security Code: ____

Type of Card:

- Amex
- Mastercard
- Visa
- Other : _____

Cardholder Signature: _____

PRIVACY: This form contains personal information and will only to be used by authorised Medtronic staff for the purpose stated above in accordance with the privacy policy located at www.medtronic.com.au.

PRIVACY STATEMENT

Your personal and health information including details of your diabetes and private health insurance (Protected Information) is collected and used by Medtronic Australasia Pty Ltd and its affiliates to assist you concerning your purchase and use of Medtronic diabetes products and services, for product-tracking purposes (as required by regulation) and to inform you about special offers and other information relating to our products, services and technological developments. In some cases (for example, where a product order is placed) we collect your Protected Information from your treating healthcare professional rather than directly from you, but will only do so if necessary for the purpose of administering a product or service to you. Your Protected Information may be held in our secure international databases, which are maintained by Medtronic affiliates and/or third party providers. However, we will not disclose your Protected Information to these parties unless their privacy practices comply with our Privacy Policy (see www.medtronic.com.au) and the data protection laws of Australia and New Zealand. For privacy queries, to opt out of receiving information about offers, products, services and/or technological developments; or to access/update your Protected Information, please phone toll free (AUS 1800 668 670) or write to PO Box 945, North Ryde NSW 1670, Australia.

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MEDTRONIC LOAN APPLICATION FORM

Please select the loan program and complete the sections as advised

Types of Loan program	Please tick the box	Sections to be completed
Bridging the Gap Program		Please complete section 1 and 2
OOW Loan Program		Please complete section 1 and 3
Travel Loan Program		Please complete section 1 and 3

Section 1. Personal Details			
Name of pump user:			
Name of Guardian: (if applicable)			
Address:			
	State:		Postcode:
Telephone No:			Mobile No:
Email:			Date of Birth:

Section 2. Bridging the Gap Program			
Name of Health Insurer:			
Membership No:			
Start Date with Insurer:			
<i>As Guarantor of this loan pump, I have read and accepted the Loan Pump Terms and Conditions and consent to personal and health information being used in accordance with the Privacy Statement below. I also confirm that my current Health Fund policy covers insulin pump therapy.</i>			
Signature: Pump User or Guardian			Date:
Name of Hospital initiating the loan pump training:			
Address of Hospital:			
	State:		Postcode:
Model and Size of pump requested (please select one)	<input type="checkbox"/> (1.8mL reservoir) <input type="checkbox"/> (3.0mL reservoir)	<input type="checkbox"/> Minimed Veo Paradigm <input type="checkbox"/> Minimed 640 G	
Period of loan:	Target delivery date:	From:	To:
CGM compatibility required	YES / NO (Please circle the option)		
CGM Order form attached	YES / NO (Please circle the option)		
* As the Clinician engaged in the management of this person's Diabetes, I approve of a Medtronic Loan Pump being made available to the person identified above during their health fund waiting period.			

Signature of Clinician:		Date:	
Name of Clinician:		Telephone:	

MEDTRONIC LOAN APPLICATION FORM (CONT'D)

<i>*As the Diabetes Educator engaged in the management of this person's Diabetes, I will be undertaking the appropriate training with the user on the Medtronic Loan Pump.</i>			
Signature of Diabetes Educator:		Date:	
Name of Diabetes Educator:		Telephone:	
Email:			

* Note: If the pump user's treating healthcare professional completes this form for them, they further warrant that they have expressly discussed the applicable Loan Terms and Conditions and Privacy Statement with the Pump User.

Section 3. Out of Warranty / Travel Loan Applicants only			
<i>As Guarantor of this loan pump, I have read and accepted the Loan Pump Terms and Conditions and consent to personal and health information being used in accordance with the Privacy Statement below.</i>			
Signature: Pump User or Guardian		Date:	
Model and Size of pump requested (please select one)	<input type="checkbox"/> (1.8mL reservoir) <input type="checkbox"/> (3.0mL reservoir)	<input type="checkbox"/> Minimed Veo Paradigm <input type="checkbox"/> Minimed 640 G <input type="checkbox"/> Minimed Paradigm	
Period of loan :	Target delivery date	From:	To:
CGM compatibility required	YES / NO Please select option		
CGM Order Form attached	YES / NO Please select option		
Name of Clinician:		Telephone:	
Email:			
Name of Diabetes Educator:		Telephone:	
Email:			
Delivery address:(If different from the address provided above)			

PRIVACY STATEMENT

Your personal and health information including details of your diabetes and private health insurance (Protected Information) is collected and used by Medtronic Australasia Pty Ltd and its affiliates to assist you concerning your purchase and use of Medtronic diabetes products and services, for product-tracking purposes (as required by regulation) and to inform you about special offers and other information relating to our products, services and technological developments. In some cases (for example, where a product order is placed) we collect your Protected Information from your treating healthcare professional rather than directly from you, but will only do so if necessary for the purpose of administering a product or service to you. Your Protected Information may be held in our secure international databases, which are maintained by Medtronic affiliates and/or third party providers. However, we will not disclose your Protected Information to these parties unless their privacy practices comply with our Privacy Policy (see www.medtronic.com.au) and the data protection laws of Australia and New Zealand.

For privacy queries, to opt out of receiving information about offers, products, services and/or technological developments; or to access/update your Protected Information, please phone toll free (AUS 1800 668 670) or write to PO Box 945, North Ryde, NSW 1670, Australia.

MEDTRONIC LOAN APPLICATION FORM (OFFICE USE ONLY)

MEDTRONIC - INTERNAL USE ONLY			
<input type="checkbox"/> PHI confirmation <input type="checkbox"/> Credit Card Authority Form			
SAP Account No		ZRAP No	
Pump Model		Serial Number	
Pump Physical check			
Prime/Rewind function			
Tubing Clamp test			
Self Test			
Settings Cleared			
Shipping Details			
SF task completed	Pump	CGM Purchase	
Date of completion			