

# Medtronic

## Insulin Pump Order Form

Medtronic pump

Once completed, send this form via email to: [australia.diabetes@medtronic.com](mailto:australia.diabetes@medtronic.com) or fax to 02 9857 9237. All sections must be completed for the order to be processed. Your order will be delivered prior to your insulin pump and/or CGM start once your order is complete & processed.

### Section 1 - Pump User's Information (to be completed by the pump user)

\* required field

Name of Pump User\*: \_\_\_\_\_ If minor, parent/guardian name: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_ Suburb\*: \_\_\_\_\_

State\*: \_\_\_\_\_ Postcode\*: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Mobile No.\*: \_\_\_\_\_ Type\*: 1 2 NDSS Registration No.: \_\_\_\_\_

Private Health Insurer\*: \_\_\_\_\_ Private Health Insurance Membership No.\*: \_\_\_\_\_

I confirm that I have read and understood the Privacy Collection Statement at <https://www.medtronic-diabetes.com.au/privacy-statements>.

I confirm that I have read and understood the Product Warranty at <https://www.medtronic-diabetes.com.au/support/warranty>.

I confirm that I understand that the product warranty is personal to the original user and the product is only suitable for single patient use.

I give Medtronic consent to liaise with my health fund on my behalf to attempt to secure funding for the MiniMed™ 780G insulin pump.

I give my healthcare professional consent to submit my personal & sensitive information on my behalf to Medtronic to process this order.

I confirm that I will continue to have private health cover on my pump initiation date.



Privacy Collection Statement



Product Warranty



StartRight Enrolment

Insulin Pump User's signature (if minor, parent/guardian signature)\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**Note:** Stamps are not accepted. The signature & date must be handwritten or digitally signed on PDF.

### Section 2 - Hospital/Clinic & Healthcare Professional Information (to be completed by the healthcare professional)

\*required field

Using hospital purchase order (excludes CGM)\*: Yes No Pump start date\*: \_\_\_\_\_

Name of Hospital/Clinic\*: \_\_\_\_\_

Hospital/Clinic Address (include unit/clinic)\*: \_\_\_\_\_

Suburb\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Postcode\*: \_\_\_\_\_

Name of Diabetes Educator\*: \_\_\_\_\_ Contact No.\*: \_\_\_\_\_

Name of Prescribing Clinician/Endocrinologist\*: \_\_\_\_\_

Delivery Option (select one)\*

To the pump user's address in Section 1

To the hospital/clinic address in Section 2

Other address (please specify & include business name, suite, level etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing the below, I certify that I am a registered healthcare professional & that the named patient is indicated for treatment using the Medtronic therapies ordered on this form. A copy of this order will be retained as part of the patient's medical record. I give my consent to Medtronic to liaise with the patient's health fund on my behalf & I confirm that I have communicated the Privacy Statement below to my patient & obtained their permission to share their personal & sensitive information with Medtronic. I understand that Medtronic disclaims all liability with respect to the falsification or modification of this attestation of clinical need & my confirmation that my patient consents to my sharing of their data with Medtronic. I understand that Medtronic's insulin pumps are registered on the Australian Register of Therapeutic Goods for single-patient use only. That is, used by the original purchaser.

Second-hand use is therefore an off-label use of a Medtronic insulin pump, & Medtronic does not endorse or support the off-label use of its products.

Healthcare Professional signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**Note:** Stamps are not accepted. The signature & date must be handwritten or digitally signed on PDF.

### Section 3 - Pump & CGM Order

\*required field

**Pump Order** (Select either a Pump Upgrade option (A) or a Loan Pump Pathway option (B))\*

**(A) Pump Order:**

**OR**

**(B) Loan Pump Pathway:** (Select a loan program option & a transfer option)

New to Insulin Pump Therapy

**Loan Program**

**Ownership Transfer**

Upgrade from Medtronic out of warranty insulin pump

780G Loyalty Program

Retain device & settings \*1

Upgrade from other brand (please specify): \_\_\_\_\_

Bridging the Gap

Pump swap \*2

**Pump Model:** MiniMed™ 780G - Price: AUD \$8,574. Rebate Code: MI452

**Complimentary silicone case colour:** Black (Subject to availability)

**CGM Order** (Select either Existing CGM users option (A) or New CGM users option (B))\*

**(A) Existing CGM users only:**

**OR**

**(B) New CGM users only:**

I have an existing CGM subscription with Medtronic.

I can confirm I will order Medtronic Bluetooth CGM via

I currently receive CGM via the NDSS.

Medtronic eShop or NDSS

Via NDSS

Via Medtronic eShop

**Note:** You may be eligible for the NDSS CGM subsidy, please speak with your healthcare professional or visit the NDSS website for more information.

### Section 4 - Phone Compatibility

Please check your Smartphone's compatibility with the MiniMed™ 780G at <https://www.medtronic-diabetes.com.au/mm780g-support>

**devices** or by scanning the QR code provided.



Current Smartphone model: \_\_\_\_\_

Is your Smartphone listed on the Medtronic compatibility webpage? Yes No (please provide a Blue USB adapter)

### How to complete this insulin pump order form (for use by healthcare professionals only)

**If using a hospital purchase order**

- Complete all Sections except Section 3
- Healthcare Professional to fill, sign and date at Section 2 AND Patient to fill, sign and date at Section 1
- Email Medtronic Order Form and written Hospital Purchase Order to: [australia.diabetes@medtronic.com](mailto:australia.diabetes@medtronic.com) (preferred communication method) or fax 02 9857 9237

**Note:** Goods will be delivered to Hospital Store as per details on the Hospital Purchase Order.

**If not using a hospital purchase order**

- Complete all Sections.
- Email the following documents to [australia.diabetes@medtronic.com](mailto:australia.diabetes@medtronic.com) (preferred communication method) or fax them to 02 9857 9237
    1. Medtronic Order Form (clinician to Sign and Date)
    - Health Fund Confirmation (if the Health Fund have already approved the product & you are not intending to use the Medtronic Health Fund Approval Process); OR provide the relevant Health Fund Form as below to enable the Medtronic Health Fund Approval Process:
      - AHSAs Funding Application Form (initial or upgrade); or
      - Medibank Funding Application Form (completed with patient's signature and approval reference number); or
      - AHM/HCF/Teachers Health/health.com.au/HBF Insulin Pump Funding Application Form.
    2. Letter of Clinical Need (this is now a requirement for all Health Funds)
  - If this is an upgrade of a pump & the health fund is an AHSAs fund, we will require the Letter of Clinical Need & a Product Observation Report from the supplier to detail how the pump is not working to specifications & the clinical need for a new pump.

**Note:** Goods will be delivered to Hospital / Clinic address as per details provided on Medtronic Order Form

\*1 Subject to private health insurance/payer approval. If the private health insurance provider/payer decides to reject the ownership transfer option, a new insulin pump will be shipped to the pump user's nominated address in Section 1 on this form. Pump settings and algorithm are non-transferrable between our current insulin pump models.

\*2 Pump settings and algorithm are non-transferrable between our current insulin pump models.