

# 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. To check your eligibility for this benefit before completing the form please call us on 134 246.

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

Member number	Title	First names		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Surname				Date of birth
<input type="text"/>				<input type="text"/>

## 2 GP/Specialist details

GP/Specialist's name					
<input type="text"/>					
Address					
<input type="text"/>					
Suburb				State	Postcode
<input type="text"/>				<input type="text"/>	<input type="text"/>
Phone	Mobile phone	Prostheses List Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

## 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	Date: / /
<input type="text"/>	<input type="text"/>

## 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: / /
<input type="text"/>	<input type="text"/>

## Submitting your form

Log in to your account at [ahm.com.au](http://ahm.com.au), go to the **Upload documents** section and upload this form under the **Insulin Pump Replacement form** option.

You can also post to ahm health insurance Locked Bag 4, Wetherill Park NSW 2164.