

**Insulin Pumps for Underinsured Mellitus Patients (IPUMP)
Diabetes Assistance Application
Attachment 3**

Applicant's Name _____

If you are requesting a free, recertified pump please be advised that either you or your insurance company will be required to pay any recertification fees associated with the insulin pump (sometimes there is no fee, it all depends on the pump and manufacturer). This fee is **not** due unless you are approved and will be sent a pump. The fee must be paid prior to sending the insulin pump. If your insurance will not cover this fee you will only be responsible for a maximum of \$200.00 (recertification fees range from \$200-\$495/pump). If you are unable to afford the fee please contact us to apply for a fee waiver.

3a. Free pump? Are you applying for a free, refurbished insulin pump? Yes _____ No _____
If you answered yes, skip to Section 3c.

3b. Financial assistance to purchase a new pump. If you need financial assistance to purchase a pump on your own (i.e., help with insurance co-pay) please complete section 3b(1) and 3c.

3b(1). Price quote for insulin pump and amount of financial assistance being requested

Item	Dollar amount	Source of quote/comments
Price quoted for pump		
If this is a discounted price how much was discounted?		
Amount insurance will cover		
Amount applicant will cover		
Amount you are requesting from us to help you purchase your pump		

3c. How do you plan to pay for the cost of insulin pump supplies each month?

We need to make sure that if we invest in helping you obtain an insulin pump that you will be able to afford the cost of supplies. An insulin pump will not do you any good if you cannot afford the \$200-400 per month in supply costs.

- _____ My insurance will cover pump supplies, just not the pump
- _____ My insurance will cover pump supplies, I just need help with the pump co-pay
- _____ I have other medical assistance or coverage that will help me pay for supplies
- _____ I have no other assistance and will have to pay out of pocket for all pump supplies
- _____ My family will help me buy pump supplies
- _____ Other (please be specific)

3d. Type of free pump you are requesting. List model and manufacturers you will consider:

1st Choice _____
2nd Choice _____
I will not consider (pump) _____

IPUMP Assistance Program Application
Attachment 3 (Continued)

**Disclaimer and Terms and Conditions
for Applicants Applying for a Free, Recertified Insulin Pump**

If you are applying for a free insulin pump you will need to complete Form IPUMP-DWRL-01, "IPUMP Assistance Program Disclaimer, Waiver, and Release of Liability," which can be found on our website at: www.ipump.org/pdf/IPUMP-DWRL-01.pdf.

**Disclaimer and Terms and Conditions
for Applicants Applying for Financial Assistance**

If you are applying for financial assistance towards the purchase of an insulin pump please read and sign the following disclaimer and terms and conditions of assistance:

I (we) understand that IPump.org, Inc. will not send payment for insulin pumps or an insulin pump directly to me. I (we) have been informed that if approved for assistance, payment will be sent directly to the licensed vendor selling the insulin pump.

I (we) understand that IPump.org, Inc. will only assist with whatever co-pay portion is not covered by my insurance and will not reimburse me(us) for any expenses we have already paid.

I (we) understand that IPump.org, Inc. is not responsible for, nor provides, training for the pump, maintenance, support, or any other service or product – IPump.org, Inc. only assists with cash – and assumes no liability or responsibility for the ownership or use or misuse of any insulin pump for which IPump.org, Inc. has provided financial assistance to obtain.

I (we) understand that IPump.org, Inc. will *only* assist Applicants in purchasing insulin pumps directly from the manufacturer or a licensed insulin pump distributor.

I (we) release IPump.org, Inc. from any and all liability, damages, or other issues that may arise from using the pump that is purchased. Further, I (we) understand that IPump.org, Inc. only offers financial assistance and that it is my (our) complete and sole responsibility to be educated, trained, and monitored on how to use the insulin pump.

Applicant's Signature

Date

Co-Applicant's Signature

Date