

**Insulin Pumps for Underinsured Mellitus Patients (IPUMP)
Guidelines for Recertified Insulin Pump Assistance
Assistance Application Attachment 3**

Parent/Applicant's Name _____

Recertification Fees

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 AND we have been charged a recertification fee. 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 average \$495-\$700/pump).

You Need a Prescription for an Animas Insulin Pump

We are currently only offering Animas Corp. recertified insulin pumps. Your doctor **MUST** specifically approve of an Animas pump for your treatment. Prescriptions that just say "pump" or list another company name (i.e., Medtronic, or Cozmo) will not be honored.

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 cannot afford 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)

It takes an average of 1-2 months to process an application, recertify a pump, and have it delivered to you.

Applying for a pump is no promise or guarantee that you will receive an insulin pump. The iPump board of directors has the right to deny any applicant. Additionally, even if we approve an applicant, the pump companies that we work with also have a right to deny an individual one of their insulin pumps.

I have read and understand the above guidelines for recertified insulin pumps _____
Initial and Date



Insulin Pumps for Underinsured Mellitus Patients (IPUMP) Assistance Program Disclaimer, Waiver and Release of Liability

Before receiving your insulin pump you will need to read, understand, and sign this form.

1.0 Terms and Conditions.

By signing this form I _____ understand and agree to the following terms and conditions:

- I understand and agree that unless the IPump.org, Inc. Board of Directors has specifically waived the recertification fee that I am solely responsible for any and all amounts incurred by the recertification of the insulin pump up to a maximum of two hundred dollars (\$200.00).
- I understand and agree that I must purchase all my own insulin-pump supplies and that IPump.org, Inc. is not responsible for purchasing or otherwise providing any insulin-pump supplies, insulin- pump wear, or software for the insulin pump, regardless of whether the supplies or software are optional or necessary for the use of the insulin pump.
- I understand and agree that safe operation of an insulin pump requires training from a licensed and qualified health professional, facility, or insulin-pump manufacturer, and that I am solely responsible for arranging for and obtaining the necessary training. I understand and agree that IPump.org, Inc. is not responsible to train me in the use of the insulin pump, or for referring me to the proper person or facility for training.
- I understand and agree that IPump.org, Inc. is not making any promise or warranty to me concerning the operation of the insulin pump provided to me, or its fitness for my use in light of my medical condition.
- I understand and agree that I am solely responsible for any and all maintenance, repairs, care, and continuing training or education required now and in the future for the insulin pump. I understand that IPump.org, Inc. will not pay for, and is not responsible for, any and all software or insulin-pump upgrades, recalls, repairs, or maintenance that the insulin pump may require once it has been delivered to me.
- I understand that ownership and all responsibilities of ownership are transferred to me.
- I understand and agree that should I no longer use the insulin pump for my own personal medical care I will immediately return the insulin pump to IPump.org, Inc.
- I understand and agree that I am prohibited by federal and state law from giving the insulin pump away to any private individual or facility not licensed to receive insulin pumps.
- I understand and agree that federal and state law forbids me from selling the insulin pump to any individual or business either privately or publicly.

2.0 Waiver and Release of Liability. By signing this form I understand and agree to the following terms for Waiver and Release of Liability:

- I understand and agree that I am being provided an insulin pump from IPump.org, Inc. because I requested one from it.
- I understand that the insulin pump that I receive has been donated to IPump.org, Inc. and was then sent by IPump.org, Inc. to the manufacturer for inspection and recertification.

I have read, understand, and agree to the foregoing “Terms and Conditions:” _____
Initial and Date



Insulin Pumps for Underinsured Mellitus Patients (IPUMP) Assistance Program
Disclaimer, Waiver and Release of Liability (continued)

- I understand and agree that IPump.org, Inc. has not made any promise to me about the condition of the insulin pump, the manner in which it operates, or its fitness for my use given my medical condition.
- I understand and agree that if the insulin pump fails to operate properly, or is recalled, or is defective, I will make no claim against IPump.org, Inc. for any personal injuries or economic damages.
- I understand and agree that if the insulin pump fails to operate properly, or is recalled, or is defective, that IPump.org, Inc. is under no obligation to provide me with a replacement pump, nor to repair or replace the pump provided to me.
- I understand and agree that safe operation of an insulin pump requires training from a qualified professional, and that I am solely responsible for obtaining the necessary training. I agree that I will not make any claim against IPump.org, Inc. that is based in any way on the training that I receive, received, or did not receive, in the operation of the insulin pump provided to me.

By signing below I and by accepting delivery of an insulin pump, I understand and agree that I am waiving and releasing any claim that I might have against IPump.org, Inc., based on any legal theory, that may arise in any way from the use, misuse, performance of, or operation of the insulin pump that I receive. This waiver and release extends to, but is not limited to, claims that arise from the use and/or misuse of, or failure of, or defect in: insulin; the insulin pump and any and all optional and/or necessary supplies including but not limited to tubing, cannula sets, batteries, adhesives, solvents, sterile dressings; or relating to any training or lack thereof concerning use of the insulin pump. This waiver and release extends to all potential claims, including claims for personal injury, economic losses, emotional distress, and death.

Simply put, I agree that I will not make any attempt at any time to hold IPump.org, Inc. responsible or liable for *anything* relating to the insulin pump or its use, or its disposal that it provides to me. This waiver and release extends to claims against IPump.org, Inc. its board members, employees, agents, and affiliates.

3.0 Signature of Agreement. By signing below, I understand and agree to all the terms and conditions set forth above in this entire Form IPUMP-DWRL-01, "Insulin Pumps for Underinsured Mellitus Patients (IPUMP) Assistance Program, Disclaimer, Waiver and Release of Liability:"

Print your Name

Signature

Date

Applicant's Signature

Date

Co-Applicant's Signature

Date

Mail applications and this form, and any other attachments to: iPump, 2250 Alyssum Avenue, Upland, CA 91784