



Newfoundland and Labrador Insulin Pump Program Application

Funded by the Government of Newfoundland and Labrador and administered through Eastern Health Authority, the Newfoundland and Labrador Insulin Pump Program (NLIPP) supports eligible residents of NL in the purchase of approved insulin pumps and supplies. Determination of financial eligibility is completed once medical eligibility has been confirmed. Please refer to Program criteria for additional information.

REQUIREMENTS FOR COVERAGE:

- Must have Type 1 Diabetes;
- Be a permanent resident of NL;
- Have a valid NL Medical Care Plan (MCP);
- Verification of Medical Eligibility Form Completed.

PATIENT IDENTIFICATION

Surname: _____ First Name and Initial: _____
MCP Number: _____ MCP Expiry Date: _____ Date of Birth: _____
Home/Mailing Address: _____ Postal Code: _____
Preferred Contact Number: _____ Email: _____

DECLARATION OF INSURANCE COVERAGE

Please select:

- I have third party insurance (add details below);
- I do not have third party insurance.

Failure to disclose third party insurance coverage may result in termination of benefits. Should there be a change in insurance coverage, please notify the NLIPP.

Primary Insurance Company: _____ Group: _____ ID: _____
Secondary Insurance Company (if applicable): _____ Group: _____ ID: _____

Are you in receipt of Income Support Benefits from the Department of Immigration, Skills and Labour?

Yes No

Are you receiving subsidized services (e.g. Home Support or Community Supports) from a Regional Health Authority?

Yes No

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian (Print): _____ Date: _____



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Surname: _____ First Name and Initial: _____

MCP Number: _____ MCP Expiry Date: _____ Date of Birth: _____

DEVICE AND SUPPLIES REQUEST

Insulin Pump Manufacturer: _____ Make/Model: _____

Supplies Requested:

- Insulin pump
- Reservoirs/Pods/Cartridges
- Infusion sets

RELEASE OF INFORMATION

The collection of information on this form by Eastern Health is necessary for the purposes of assessing and verifying eligibility for the Newfoundland and Labrador Insulin Pump Program (NLIPP) and for other purposes related to administration of the Program.

In accordance with the Newfoundland and Labrador Personal Health Information Act and with your consent, information obtained from this form may be used by or disclosed to appropriate employees of The NLIPP and the patient's vendor of choice for insulin pump therapy equipment and supplies.

I consent to the collection and use of my personal health information for the purposes outlined above only for the time period of eligibility for benefits under NLIPP. I understand that if I wish to withdraw this consent I may do so at any time. I understand that by withdrawing my consent I will no longer be eligible for benefits.

Patient/Guardian (Print): _____ Date: _____

Patient/Guardian Signature: _____ Date: _____

INTERNAL USE ONLY - APPROVAL

Approved for: Pump and Supplies Supplies Only

NLIPP Coordinator

Name: _____ Signature: _____

Date: _____ Approval Period: _____

Please note all sections of the form must be completed for processing. Incomplete or illegible forms will be returned. Scanned documents (PDF version) is preferred.

Forward completed forms to: Newfoundland and Labrador Insulin Pump Program, Diabetes Education Center,
Suite 206, 35 Major's Path, St. John's, NL, A1A 4Z9
Email: NLIPP@easternhealth.ca, Fax: 709-752-3639, Tel: 709-752-4436 or toll free 1-888-246-4888

This personal health information is being collected and used under the authority of s. 29 and s.34(a)(m) of the Personal Health Information Act, and will be used to assess and verify eligibility for the NLIPP. If you have concerns about the collection, use or disclosure of your personal health information, please contact the privacy office of your organization