



Alberta Health
Insulin Pump Therapy Program
Supply Authorization Request

Please complete all required sections to allow your request to be processed.

1. PATIENT INFORMATION

Last name	First name	Personal health number	Date of birth (YYYY/MM/DD)
Mailing address	City / Town	Territory / Province	Postal code

2. PRESCRIBER INFORMATION

Prescriber Last Name	First Name	Initial	Prescriber Professional Association Registration <input type="checkbox"/> CPSA Registration No. <input type="checkbox"/> CARNA	
Street Address			Phone:	Fax:
City, Province				
Postal Code			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED	

By signing this form I, the prescriber, verify that the patient was using Insulin Pump Therapy as of June 1, 2013, to treat Type 1 Diabetes.

Prescriber's Signature	Date (YYYY/MM/DD)
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PLEASE NOTE: Prescriber should confirm that patient had an insulin pump prior to June 1, 2013 through reviewing patient records, or asking patient to provide copy of receipt for insulin pump purchase.

If the patient wishes to be considered for coverage of a new insulin pump by the time their existing insulin pump is five years old, and for on-going coverage of insulin pump therapy (IPT) supplies beyond the initial five years, the patient has a responsibility to obtain a referral from a physician or nurse practitioner, to the IPT Program for an assessment. The IPT Program assessment must be completed by the time the existing pump is five years old.

ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST.

FOR ALBERTA BLUE CROSS USE ONLY

Application confirmed <input type="checkbox"/>	Document ID	Processed by	Date (YYYY/MM/DD)
Alberta Blue Cross comments:			

CONTACT INFORMATION

Alberta Blue Cross 10009 – 108 St Edmonton, AB T5J 3C5 Pharmacy Plan Management Administration Edmonton and area: 780-498-8444 Toll free: 1-855-550-8444	Please fax completed form to: Edmonton and area: 780-441-2602 Toll free: 1-855-522-2602
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Privacy statement

The information on this form is being collected and used pursuant to sections 20, 21 and 22 of the *Health Information Act*, and sections 33 and 34 of the *Freedom of Information and Protection of Privacy Act*, for the purposes of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll-free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 - 108 Street, Edmonton AB T5J 3C5.

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