



**ELIGIBILITY FOR THE INSULIN PUMP  
REIMBURSEMENT PROGRAM  
(Pediatric)**

Section 1: User			
First and last name			
Date of birth		Year	Month Day
Address (No., Street, apartment.)			
City, province		Postal code	
Phone No.		Area code	
Health Insurance No.			
Email address of a contact person (for requests for additional information from authorized paying agent)			

Section 2: Authorized prescriber		
Last and first name	Practice number	Name of participating hospital/institution

Section 3: Type of application			
<input type="checkbox"/> New application	<input type="checkbox"/> Renewal (Previous program user)	<input type="checkbox"/> Pump replacement for clinical reasons	<input type="checkbox"/> Withdrawal from program
Make of pump selected by user			<input type="checkbox"/> Supplies only
If user already has pump, date of acquisition			Year Month Day

Section 4: Insurance coverage		
<b>Private insurance:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please complete section below:</b>
Insurer	Insurance holder	Policy or contract No.
I hereby authorize the paying agent as well as the insulin pump distributor to contact my insurer to verify my coverage for the Insulin Pump Program.		
Insured's signature: _____		

Section 5: Signature of authorized prescriber (assessment valid 1 year)	
I certify that the abovementioned individual:	
<input type="checkbox"/> Meets the clinical eligibility requirements	
<input type="checkbox"/> No longer meets the clinical eligibility requirements	
For the government insulin pump and supplies reimbursement program.	
<b>Authorized prescriber's signature</b>	<b>Date</b>
	Year Month Day
<b>Submit the form:</b>  <b>By mail:</b> Services financiers – CHU de Québec 775, rue Saint-Viateur Québec QC G2L 2Z3  <b>By email:</b> programmeinsuline@chuq.qc.ca  <b>By fax:</b> 418 621-9926	

Please ensure that all required sections of the form have been completed, and signed before returning it to the paying agent. A copy of the form must also be provided to the user.