

# Medtronic

## Medtronic Australasia Pty Ltd

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## MEDTRONIC LOAN AGREEMENT: OUT OF WARRANTY PROGRAM (OOW)

Medtronic is pleased to provide you an Out of Warranty loan insulin pump for the next 90 days in response to the malfunction reported to our Global Help Line team on the insulin pump currently owned by you.

As your pump is out of warranty, now is the time to contact your healthcare professional team to discuss your options and the clinical necessity for a new pump.

### First Steps:

#### 1. Complete the enclosed forms:

- a. Medtronic Loan Application form. Please ensure you include the signed approval from your Clinician and Diabetes Educator.
- b. Credit Card Authorisation Form.
- c. Attach confirmation of your current membership with a registered health insurer indicating appropriate level of policy that covers insulin pumps.
- d. If you wish to experience the added benefits of your Pump Therapy, please attach the Continuous Glucose Monitoring order form.

#### 2. Return the completed documentation (above) to us via:

- a. Email: [australia.diabetes@medtronic.com](mailto:australia.diabetes@medtronic.com) (our preferred option), or
- b. Fax: 02 9857 9237, or

To ensure that a pump is delivered in a timely manner, please ensure your application is complete. We request you to submit your application two weeks prior to the travel date.

The **terms and conditions** attached to the loaning of a Medtronic pump are outlined in the attached document and should be fully understood before entering into the agreement.

### Application completed – What to expect next!

Once your completed application form is received, our Diabetes Support Services team will dispatch a loan pump to you (subject to availability) and AUD \$50.00 non-refundable Service Fee will be charged to your credit card nominated on the Credit Card Authority Form.

Please note that we cannot leave the goods unattended at your front door. Delivery occurs during normal business working hours and a signature will be required to receipt the goods. The courier will drop a card if you are not home to receive the parcel. An alternate address can be provided for delivery purposes.

**Email this form to: [australia.diabetes@medtronic.com](mailto:australia.diabetes@medtronic.com)  
Or fax to: 02 9857 9237  
All relevant sections must be completed for the order to be  
processed (please print Clearly)**

## **IMPORTANT ASPECTS OF THE OOW PROGRAM**

1. The loan period of this device is for a maximum of 90 days.
2. We require return of the loan pump within 14 days of the end of the Term. Prompt return means that we can provide the same opportunity to another Medtronic pump user who is waiting to access their new insulin pump. Please return your loan pump to Medtronic or call our Diabetes Support Services Team on 1800 777 808 (toll free from Australian landlines only) to organise the return of your loan pump.
3. It is your responsibility as the 'Pump User' to ensure that the loan pump is returned to Medtronic.
4. Please note that if the loan pump is not returned within 14 days of the end of the Term, Medtronic may commence charging an amount of AUD \$198 (GST exempt) per month to the card specified on your Credit Card Authority Form to reflect the true value of the loaner pump held by you. If you have not returned the loan pump within 90 days of the end of the Term, it will be presumed lost by Medtronic and we may charge you the full value (\$8,574 GST exempt) of the pump, less any amount charged for rental.
5. Your level of cover for Private Health Insurance will be checked to verify it is correct level of cover before a pump will be dispatched. It is your responsibility to maintain the correct level of cover.
6. We recommend that you contact your Home and Contents Insurer or Travel Insurer to confirm the provision of insurance for this device.
7. Medtronic retains ownership of the loan pump however maintenance and care of the pump is your responsibility. Typically, your health insurance won't cover lost or stolen pumps. We suggest you check with your Home and Contents insurer, as they may cover insulin pumps under their policies or include it in your existing policy.
8. If you already use your pump in conjunction with Continuous Glucose Monitoring (CGM), we recommend the following:
  - a) Check the warranty of your CGM device (Please contact the support team to obtain the warranty dates).

If you would like to know more about our current products feel free to contact our Diabetes Therapy Consultants on 1800 777 808 or visit us online at [www.medtronic-diabetes.com.au](http://www.medtronic-diabetes.com.au).

## OUT OF WARRANTY LOAN PUMP TERMS AND CONDITIONS

1. Medtronic is the owner of the Medtronic Insulin Pump provided to you ("Loan Pump"). The Pump User ("Pump User") requires the Pump for insulin pump therapy for the next 90 days (the Term), due to a malfunction of your Out of Warranty Insulin Pump while you arrange for the purchase of a new Insulin Pump.
2. You will not be required to make any payment for use of the Loan Pump, except in the following circumstances (when payment will be either deducted from your nominated credit card or an invoice will be issued):
  - a) A non-refundable Service Fee of AUD \$50.00 (GST exempt) is payable when your loan pump application is submitted.
  - b) If the Loan Pump is not returned to Medtronic within 14 days of the end of the Term (90 days), we will start charging you a rental fee of AUD \$198.00 (GST exempt) per month to reflect the true value of the Loan Pump provided to you, until the pump is returned.
  - c) If your Loan Pump is lost, damaged or destroyed or if it is not returned within 90 days of your you will be liable for the replacement cost of the loan insulin pump up to the value of AUD \$8,574.00 GST exempt less any amount charged for rental as set out in b). Medtronic may take further action to recover the value of the pump.
3. Medtronic retains full title to the Loan Pump. The Pump User, while in possession of the Loan Pump, is regarded as a Bailee. The Pump User must not mortgage, pledge, sell, charge, encumber, sub-let, part with possession of, grant any lien, license or other encumbrance over or otherwise dispose of or deal with or permit to exist any license or other encumbrance over the Loan Pump or any part of it and the Pump User must keep the Loan Pump free from any distress, execution or other legal process.
4. The Pump User shall bear all expenses for the use, operation, maintenance and safe keeping of the Loan Pump.
5. The Loan Pump will be made available until the end of the Term (subject to availability). The Pump User must return the Loan Pump to Medtronic Diabetes Support Services within 14 days of the end of the Term. Please contact our support team on 1800777808 to organise return of loan pump.
6. The Pump User undertakes that during the Term it will: (a) be the only user of the Loan Pump; and (b) comply with the instructions and recommendations of Medtronic and the manufacturer in relation to the Pump and its use.
7. To the extent permitted by law, Medtronic is not liable to the Pump User in any manner relating to the Loan Pump including but not limited to its use, operation, maintenance and safekeeping or any claim or damage by any person in connection with the Pump, its use, operation, maintenance or safekeeping. The Pump user indemnifies Medtronic and its directors, officers, employees, agents and representatives against all claims, proceedings, costs (including legal costs on a solicitor/own client basis) expenses, loss or damage that Medtronic may sustain or incur because of or in connection with, whether directly or indirectly, the use of the Pump by the Pump User.
8. This Agreement is governed by New South Wales law. The parties will attempt to resolve all disputes by negotiation. Any unresolved dispute will be mediated promptly by a qualified mediator. The Pump User must report all Loan Pump related adverse events and/or equipment complaints to Medtronic as soon as they occur.
9. Medtronic is committed to protecting the Pump Users privacy and will only use personal information and health information for the purposes for which it was collected in accordance with the privacy statement and the Privacy Policy at [www.medtronic.com.au](http://www.medtronic.com.au). Medtronic will collect the Pump Users information for the purposes of providing the Loan Pump and securing a deposit for the amount of the loan pump.

Email this form to: [australia.diabetes@medtronic.com](mailto:australia.diabetes@medtronic.com)

Or fax to: 02 9857 9237

All relevant sections must be completed for the order to be processed (please print Clearly)

**CONFIDENTIAL**

## CREDIT CARD AUTHORISATION FORM

Prior to receiving a loan pump from Medtronic ('Loan Pump'), complete and return this form to us. Please note, however, that your card will only be charged in the following circumstances:

- a) A non-refundable Service Fee of AUD \$50.00 (GST exempt) is payable when your loan pump application is submitted.
- b) If the Loan Pump is not returned to Medtronic within 14 days of the end of the Term we will charge you a rental fee of AUD \$198.00 (GST exempt) per month to reflect the true value of the Loan Pump provided to you.
- c) If your Loan Pump is lost, damaged or destroyed or is not returned within 90 days of the end of Term, you will be liable for the replacement cost of the loan insulin pump (up to the value of AUD \$8,574.00 GST exempt).
- d) The credit card expiry date must cover the loan period requested.

Customer Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Account Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date: \_\_ / \_\_

Security Code: \_\_\_\_

Type of Card:

- Amex
- Mastercard
- Visa
- Other : \_ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**PRIVACY:** This form contains personal information and will only to be used by authorised Medtronic staff for the purpose stated above in accordance with the privacy policy located at [www.medtronic.com.au](http://www.medtronic.com.au).

### PRIVACY STATEMENT

Your personal and health information including details of your diabetes and private health insurance (Protected Information) is collected and used by Medtronic Australasia Pty Ltd and its affiliates to assist you concerning your purchase and use of Medtronic diabetes products and services, for product-tracking purposes (as required by regulation) and to inform you about special offers and other information relating to our products, services and technological developments. In some cases (for example, where a product order is placed) we collect your Protected Information from your treating healthcare professional rather than directly from you but will only do so if necessary for administering a product or service to you. Your Protected Information may be held in our secure international databases, which are maintained by Medtronic affiliates and/or third-party providers. However, we will not disclose your Protected Information to these parties unless their privacy practices comply with our Privacy Policy (see [www.medtronic.com.au](http://www.medtronic.com.au)) and the data protection laws of Australia and New Zealand. For privacy queries, to opt out of receiving information about offers, products, services and/or technological developments; or to access/update your Protected Information, please phone toll free (AUS 1800 668 670) or write to PO Box 945, North Ryde, NSW 1670, Australia.

# LOAN APPLICATION FORM

## MEDTRONIC PUMP AND PERSONAL CGM

### CONFIDENTIAL

Once completed, please send this form via email to: australia.diabetes@medtronic.com or fax to 02 9857 9237. All relevant sections must be completed for the order to be processed. Use block letters to complete form.

Please select the loan program and complete the sections as advised. Note that \* indicates a mandatory field.

TYPE OF LOAN PROGRAM (TICK APPLICABLE BOX)	COMPLETE THE FOLLOWING SECTIONS
BRIDGING THE GAP PROGRAM <input type="checkbox"/>	PLEASE COMPLETE SECTIONS <b>ONE (1), TWO (2) AND FOUR (4)</b>
OUT OF WARRANTY LOAN PROGRAM <input type="checkbox"/>	PLEASE COMPLETE SECTIONS <b>ONE (1), THREE (3) AND FOUR (4)</b>
TRAVEL LOAN PROGRAM <input type="checkbox"/>	PLEASE COMPLETE SECTIONS <b>ONE (1), THREE (3) AND FOUR (4)</b>

### SECTION 1. PERSONAL INFORMATION

NAME OF PUMP USER *		DATE OF BIRTH *	
IF MINOR, GUARDIAN'S NAME			
STREET ADDRESS *		SUBURB *	
STATE *		POSTCODE *	
PATIENT CONTACT PHONE NO.		MOBILE PHONE NO. *	
EMAIL ADDRESS *			
REQUIRED DOCUMENTS ATTACHED *	<input type="checkbox"/> PROOF OF INSURANCE (not req'd for Travel Loan)	<input type="checkbox"/> CREDIT CARD AUTHORITY FORM	
<small>AS GUARANTOR OF THIS LOAN PUMP, I HAVE READ AND ACCEPTED THE LOAN PUMP TERMS AND CONDITIONS AND CONSENT TO PERSONAL AND HEALTH INFORMATION BEING USED IN ACCORDANCE WITH THE PRIVACY STATEMENT BELOW. I ALSO CONFIRM THAT MY CURRENT HEALTH FUND POLICY COVERS INSULIN PUMP THERAPY.</small>			
SIGNATURE * (PUMP USER OR GUARDIAN)		DATE *	

### SECTION 2. BRIDGING THE GAP PROGRAM

HEALTH FUND *		MEMBERSHIP NO. *	
START DATE WITH INSURER *			
NAME OF HOSPITAL INITIATING THE LOAN PUMP TRAINING *			
HOSPITAL STREET ADDRESS *		SUBURB *	
STATE *		POSTCODE *	
PUMP MODEL REQUESTED * (PLEASE TICK ONE)	<input type="checkbox"/> MINIMED® 770G WITH CGM	<input type="checkbox"/> MINIMED® 640G	
CONFIRM IF CGM IS REQUIRED * (PLEASE CIRCLE ONE)	YES NO	CGM ORDER FORM ATTACHED?	YES NO
I CONFIRM THAT I WILL BE ORDERING GUARDIAN SENSOR 3 FROM NDSS * (PLEASE CIRCLE ONE)	YES NO		
PERIOD OF LOAN * ‡ (PROVIDE FROM & TO DATES IN DD/MM/YY FORMAT)	FROM: __/__/__ TO: __/__/__	PUMP START DATE ‡	

\* NOTE: IF THE PUMP USER'S TREATING HEALTHCARE PROFESSIONAL COMPLETES THIS FORM FOR THEM, THEY FURTHER WARRANT THAT THEY HAVE EXPRESSLY DISCUSSED THE APPLICABLE TERMS AND CONDITIONS AND PRIVACY STATEMENT WITH THE PUMP USER.

# LOAN APPLICATION FORM

## MEDTRONIC PUMP AND PERSONAL CGM

### SECTION 2. BRIDGING THE GAP PROGRAM (CONT.)

<b>AS THE CLINICIAN ENGAGED IN THE MANAGEMENT OF THIS PERSON'S DIABETES, I APPROVE OF A MEDTRONIC LOAN PUMP BEING MADE AVAILABLE TO THE PERSON IDENTIFIED ABOVE DURING THEIR HEALTH FUND WAITING PERIOD.</b>			
NAME OF CLINICIAN *		TELEPHONE NO. *	
SIGNATURE OF CLINICIAN *		DATE *	
<b>AS THE DIABETES EDUCATOR ENGAGED IN THE MANAGEMENT OF THIS PERSON'S DIABETES, I WILL BE UNDERTAKING THE APPROPRIATE TRAINING WITH THE USER ON THE MEDTRONIC LOAN PUMP.</b>			
NAME OF DIABETES EDUCATOR *		TELEPHONE NO. *	
SIGNATURE OF DIABETES EDUCATOR *		DATE *	
EMAIL ADDRESS *			

### SECTION 3. OUT OF WARRANTY / TRAVEL LOAN APPLICANTS ONLY

CURRENT PUMP MODEL * (PLEASE TICK ONE)	<input type="checkbox"/> MINIMED® 770G	<input type="checkbox"/> MINIMED® 670G	<input type="checkbox"/> MINIMED® 640G	<input type="checkbox"/> PARADIGM VEO
PERIOD OF LOAN * ‡ (PROVIDE FROM & TO DATES IN DD/MM/YY FORMAT)	FROM: __ / __ / __ TO: __ / __ / __		TARGET DELIVERY DATE ‡	
DELIVERY ADDRESS (IF DIFFERENT FROM THE ONE PROVIDED ABOVE)				

### SECTION 4. PHONE COMPATIBILITY - MINIMED™ 770G ONLY

If ordering MiniMed™ 770G, please check the compatibility of your Smartphone at <https://www.medtronic-diabetes.com.au/mm770g-supported-devices>  
If this section is **not** completed, **NO** Blue USB adapter will be provided, so please complete this section in **ALL** cases.

**NOTE:** You will normally find the information required in the following locations: **iOS:** Settings > General > About **or** Settings > About Phone > Model Number  
**Android:** Settings > About Phone > Software Information > Android Version

<input type="checkbox"/> NO SMARTPHONE	MAKE / NAME: _____ <i>Example: Apple iPhone 12 / Samsung Galaxy s20</i>
<input type="checkbox"/> APPLE IPHONE	MODEL NUMBER: _____ <i>Example: MGE63X/A or SM-G981B</i>
<input type="checkbox"/> ANDROID	IOS OR ANDROID SOFTWARE VERSION: _____

**MEDTRONIC INTERNAL USE ONLY**  If MiniMed™ 770G is ordered, please double check Mobile Phone indicated in Section Four. If make / model is not compatible with the MiniMed™ App, ensure a Blue USB Adapter (ACC-1003911D) is included when sent to patient.

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For privacy queries, to opt out of receiving information about offers, products, services and/or technological developments; or to access/update your Protected Information, please phone toll free (AUS 1800 668 670) or write to PO Box 945, North Ryde, NSW 1670, Australia.

‡ Please ensure to account for saline/button pressing training dates as required.  
Pump will be shipped up to 4 business days before Target Delivery Date.

# LOAN APPLICATION FORM

MEDTRONIC PUMP AND PERSONAL CGM

## MEDTRONIC INTERNAL USE ONLY.

TICK TO CONFIRM	<input type="checkbox"/> PHI CONFIRMATION	<input type="checkbox"/> CREDIT CARD AUTHORITY FORM
SAP ACCOUNT NO.		ZRAP NO.
PUMP MODEL		SERIAL NO.
PUMP PHYSICAL CHECK		
PRIME / REWIND FUNCTION		
TUBING CLAMP TEST		
SELF TEST		
SETTINGS CLEARED		
SHIPPING DETAILS		
SF TASK COMPLETED	PUMP	CGM PURCHASE
DATE OF COMPLETION		