



Insurance Information Form

Please provide the following information to begin the insurance verification process. Please print clearly.

CLIENT INFORMATION

Client Name _____
(Last Name, First Name)

Address _____

City _____ Province _____

Postal Code _____

E-mail _____

Home phone (_____) _____

Cell phone (_____) _____

Work phone (_____) _____

Birth Date (mm/dd/yyyy) ____/____/____

Female Male

PARENT/GUARDIAN INFORMATION

(if applicant is 18 years old or younger)

Name(s) _____
(Last Name, First Name)

Work phone (_____) _____

PHYSICIAN INFORMATION

Name _____

Hospital/Clinic Name _____

Address _____

City _____ Province _____

Postal Code _____

Phone (_____) _____

Fax (_____) _____

PRIMARY HEALTH INSURANCE COVERAGE

Policy Holder Name _____
(Last Name, First Name)

Birth Date (mm/dd/yyyy) ____/____/____

Policy Holder Phone Number (_____) _____

Policy Holder Email _____

Relationship to Client _____

Employer _____

Insurance Company _____

Insurance Policy # _____

Insurance Certificate # _____

SECONDARY HEALTH INSURANCE COVERAGE

Policy Holder Name _____
(Last Name, First Name)

Birth Date (mm/dd/yyyy) ____/____/____

Policy Holder Phone Number (_____) _____

Policy Holder Email _____

Relationship to Client _____

Employer _____

Insurance Company _____

Insurance Policy # _____

Insurance Certificate # _____

Authorization For Client Insurance Assistance

I hereby authorize Animas Canada to act on my behalf (or my dependent's behalf) in the investigation and determination as to medical benefits coverage for the acquisition of an Animas® insulin pump or Dexcom G4® PLATINUM CGM system and/or related supplies on an ongoing basis.

Primary Policy Holder Signature _____ Date (mm/dd/yyyy) ____/____/____

Secondary Policy Holder Signature _____ Date (mm/dd/yyyy) ____/____/____

Client Signature or Parent/Guardian _____ Date (mm/dd/yyyy) ____/____/____

Email, fax or mail this completed form to Animas Canada:

Animas Canada, 200 Whitehall Drive, Markham, ON L3R 0T5

Tel: 1.866.406.4844 Fax: 1.866.406.4033 Email: CustomerCare@Animas.ca

Your privacy is very important to us. For more information about our Privacy Policy, please visit www.Animas.ca

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