

Certified Pod Trainer Reimbursement Form

Insulet Corporation
600 Technology Park Drive, Suite 200
Billerica, MA 01821
Tel: 1-800-591-3455 Fax: 1-877-467-8538
MyOmnipod.com



Confidential Protected Health Information

Remit to Name

Individual Trainer (First, Last) or Clinic/Office _____ Phone Number _____ Cell Phone Number _____
Address _____ Email Address _____
City _____ State _____ ZIP Code _____

Omnipod® Customer

Name (First, Last) _____ Phone Number _____ Cell Phone Number _____
Address _____ Email Address _____
City _____ State _____ ZIP Code _____ Physician _____ CDE _____

Omnipod® Group Training _____ CDE _____
Omnipod® Customer #2 Name (First, Last) _____ Omnipod® Customer #3 Name (First, Last) _____
CDE _____ CDE _____

Training Provided

	Date(s)	No. of Patients	Sum	Comments:
<input type="radio"/> Pre-Pod Training	/ /	#	= \$	
<input type="radio"/> Saline/Insulin Start	/ /	#	= \$	
<input type="radio"/> Follow-Up Training	/ /	#	= \$	
<input type="radio"/> Pre-Approval required from Insulet for Hourly Rate (per contract)	/ /	\$ / hr x hrs	= \$	
Sub Total 1			\$	

Expenses

Submitting for reimbursement should occur once, after all planned training has been completed.

<input type="radio"/> Milage _____ miles x \$0. _____ / mile =	\$	Were expenses shared across other trainings? <input type="radio"/> yes <input type="radio"/> no
<input type="radio"/> Parking/Tolls _____	\$	
Sub Total 2	\$	If yes, please provide name(s) of other Customers: _____
Pre-Approval required from Insulet for:		
<input type="radio"/> Hotel _____	\$	
<input type="radio"/> Meals _____	\$	
<input type="radio"/> Train / Bus / Airfare _____	\$	
<input type="radio"/> Car rental _____	\$	
Sub Total 3	\$	
Grand Total	\$	

Trainer Name (Print) _____ Date _____ Trainer Signature _____

Insulet Approval (Print) _____ Date _____ Insulet Approval Signature _____

Submit along with required Training Checklists, expense receipts and expense pre-approval form, if required, to the attention of the **Training Department** at the address above.