

# Certified Pod Trainer Reimbursement Form

**Insulet Corporation**  
9 Oak Park Drive, Bedford, MA 01730  
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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

## OmniPod Customer

Name (First, Last) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Physician \_\_\_\_\_ CDE \_\_\_\_\_

**OmniPod Group Training**  
OmniPod Customer #2 Name (First, Last) \_\_\_\_\_  
CDE \_\_\_\_\_

OmniPod Customer #3 Name (First, Last) \_\_\_\_\_  
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 × hrs =	\$	
<b>Sub Total 1</b>			\$	

## Expenses

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

	Sum
<input type="radio"/> Milage _____ miles × \$0. _____ / mile =	\$
<input type="radio"/> Parking/Tolls _____	\$
<b>Sub Total 2</b>	\$
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 _____	\$
<b>Sub Total 3</b>	\$
<b>Grand Total</b>	\$

Were expenses shared across other trainings?  
 yes  no  
If yes, please provide name(s) of other Customers: \_\_\_\_\_

Trainer Name (Print) \_\_\_\_\_ Date \_\_\_\_\_  
Insulet Approval (Print) \_\_\_\_\_ Date \_\_\_\_\_

Trainer Signature \_\_\_\_\_  
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.**