

NSW Life Support Rebate



Application form: Retail Customers

Applicant details

The applicant must be the primary account holder of the electricity account and must be at the applicant's primary place of residence. A new completed application form must be submitted to your energy retailer every 2 years or if there any changes to patient's circumstances.

First Name:	
Last Name:	
Electricity Account Number:	
National Meter Identifier (NMI):	

Your NMI can be found on your electricity bill. It starts with 4 and is 11 digits long with no letters or symbols.

Applicant declaration and authorisation statement

I understand that:

- It is my responsibility to ensure that all the information provided in this application is, to the best of my knowledge, true and correct and I will notify my energy retailer of any changes to my information.
- I may be required to provide additional information about my eligibility.
- I can only receive the NSW Life Support Rebate once per financial year, per equipment type.
- By signing this document, I can confirm that I have read and understood my energy retailer's privacy notice. (please contact your energy retailer for the full privacy notice).
- It is a criminal offence under the *Crimes Act 1900* to provide false or misleading information.

Applicant signature: Date:

Patient details

Name of patient who uses life support equipment:	
Address of patient:	
Patient daytime contact number:	

For the purposes of administering this rebate, I consent to the release of the medical information in this application provided by my medical practitioner to my energy retailer.

Patient signature: Date:

Consent for person to act on your behalf (optional)

Only complete this section if you would like someone to act on your behalf in relation to this application.

I authorise _____, who can be
contacted by phone on _____ or via
email at _____
to speak to my energy retailer on my behalf about this application.

I understand that I can withdraw this consent at any time by contacting my retailer

Consent to contact (optional)

I consent to my energy retailer contacting me about my experience applying for the rebate.

Submitting this form to your energy retailer

Before you send this application have you:

- Verified all details you have supplied are correct?
- Filled out all sections of this form?
- Signed and agreed to all the conditions listed in the declaration?
- Confirmed that your medical practitioner has signed and completed all the relevant sections on page 3?

Medical practitioner details

This section must be completed by the patient's medical practitioner.

Practitioner name:	
Provider number:	
Name of place where patient was reviewed (hospital/clinic/practice):	
Phone number of place where patient was reviewed (hospital/clinic/practice):	

Approved life support equipment prescribed for the patient

The patient's medical practitioner is required to select the relevant check box/es below. See page 4 for more information on approved life support equipment. To meet the criteria for the NSW Life Support Rebate, the patient must have been assessed by a registered medical professional to verify that the use of the approved life support equipment is required at their principal place of residence.

Medical practitioner declaration

I certify that the patient requires the use of:

Check box	Equipment	Qualification
<input type="checkbox"/>	Oxygen concentrators (full-time)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Oxygen concentrators (part-time)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Positive airway pressure device (full-time)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Positive airway pressure device (part-time)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Enteral feeding pump	-
<input type="checkbox"/>	External heart pump	-
<input type="checkbox"/>	Home dialysis	-
<input type="checkbox"/>	Phototherapy	-
<input type="checkbox"/>	Power wheelchairs	Patient must be classified as a quadriplegic Note: does not include mobility scooters
<input type="checkbox"/>	Total parenteral nutrition pump	-
<input type="checkbox"/>	Ventilators	Note: does not include nebulizers, humidifiers or vaporizers

I declare that all information provided in this application is, to the best of my knowledge, true and correct.

I consent to the energy retailer contacting me to confirm the accuracy of the personal and health information provided in this form.

Signature of medical practitioner:

Date:

Approved life support equipment

Equipment type	Equipment examples*	Daily rate (excludes GST)
Oxygen concentrators (full-time)	Devilbiss, etc.	\$3.11 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (part-time)	Devilbiss, etc.	\$1.85 (machine is in use for less than 24 hours a day)
Positive airway pressure device (full-time)	Continuous positive airway pressure, bilevel or variable positive airway pressure	\$0.71 (machine must be used continuously for 24 hours a day)
Positive airway pressure device (part-time)	Continuous positive airway pressure, bilevel or variable positive airway pressure	\$0.36 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo ePump, Companion–Abbott Pump, Ross Flexiflow Patrol Enteral Pump	\$0.44
External heart pump	Left ventricular assist device	\$0.11
Home dialysis	Haemodialysis or peritoneal automated cyclers machines – for example: Fresenius, Gambro, Baxter	\$1.54
Phototherapy equipment	Blue light therapy	\$3.68
Power wheelchairs for quadriplegics Note: does not include mobility scooters	Quickie, Zippie, etc.	\$0.30
Total parenteral nutrition pump	Volumatic pump, Flowguard pump	\$0.84
Ventilators Note: does not include nebulizers, humidifiers or vaporizers	LTV series, Breas, PLV-100 etc, Iron Lung	\$3.68

*List of brand names against each piece of equipment has been included for information only and is not exhaustive.