



NSW Life Support Rebate



Medical Declaration

Patient details

This section must be completed by the patient.

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

- I, the patient, agree for my information to be shared with DCCEEW.
- I consent to the release of my medical records relevant to this application to DCCEEW if required as part of its responsibility in administering this rebate. I have read and understood the Energy Rebates Privacy Collection Notice.

Patient signature:		Date:	
--------------------	--	-------	--

Medical practitioner details

This section must be completed by the patient's regular registered medical practitioner. The patient must have been treated by this practitioner for more than 3 months.

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 3 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, the medical practitioner, declare that all information, including the patient's address on page 1, provided in this application is, to the best of my knowledge, true and correct.

I, the medical practitioner, consent to DCCEEW 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*	Annual rebate
Oxygen concentrators (full-time)	Devilbiss, etc.	\$1,523.38 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (part-time)	Devilbiss, etc.	\$906.19 (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	\$347.79 (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	\$176.34 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo ePump, Companion-Abbott Flexiflow, Patro Enteral Pump	\$215.53
External heart pump	Left ventricular assist device	\$53.89
Home dialysis	Haemodialysis or peritoneal automated cyclers machines – for example: Fresenius, Gambro, Baxter	\$754.34
Phototherapy equipment	Blue light therapy	\$1,802.57
Power wheelchairs for quadriplegics Note: does not include mobility scooters	Quickie, Zippie, etc.	\$146.95
Total parenteral nutrition pump	Volumatic Pump, Flowguard pump	\$411.46
Ventilators Note: does not include nebulizers, humidifiers or vaporizers	LTV Series Ventilators, Breas Vivo Series, Resprionics Lifecare PLV-100, Iron Lung, etc.	\$1,802.57

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