



# NSW Life Support Rebate

## ATTACHMENT A Medical Declaration

### MEDICAL PRACTITIONER DETAILS

*This section must be completed by the medical practitioner*

Practitioner Name: .....

Provider Number: .....

Name of Place where the Patient was Reviewed: .....  
(Hospital/clinic/practice)

Name of Patient: .....

Address of Patient: .....

### APPROVED LIFE SUPPORT EQUIPMENT PRESCRIBED FOR THE PATIENT

*The medical practitioner is required to tick the relevant boxes below. See 'Attachment 1' for more information on approved Life Support Equipment.*

Please Tick <input checked="" type="checkbox"/>	Equipment	Qualification
<input type="checkbox"/>	Oxygen concentrators (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Oxygen concentrators (PT)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (PT)	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 Wheelchair	Patient must be classified as a quadriplegic NOTE: does not include mobility scooters
<input type="checkbox"/>	Total Parenteral Nutrition (TPN) pump	-
<input type="checkbox"/>	Ventilators	NOTE: does not include nebulizers, humidifiers or vaporizers

### MEDICAL PRACTITIONER DECLARATION

I certify the above patient requires the use of the selected life support equipment.

Signature of Medical Practitioner: ..... Date: .....



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### FOR MEDICAL PRACTITIONER'S USE List of Approved Life Support Equipment

Equipment	Examples of brand names*	Annual Rate
Oxygen concentrators (FT)	Devilbiss etc	\$1248.67 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (PT)	Devilbiss etc	\$742.78 (machine is in use for less than 24 hours a day)
Positive Airways Pressure (PAP) Device (FT)	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$285.07 (machine must be used continuously for 24 hours a day)
Positive Airways Pressure (PAP) Device (PT)	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$144.54 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo pump Companion-Abbott Flexiflow patrol pump	\$176.66
External heart pump	Left Ventricular Assist Device	\$44.17
Home dialysis	Haemodialysis or Peritoneal automated cyclor machines - Brand names include: Fresenius, Gambro, Baxter	\$618.31
Phototherapy equipment	Blue light therapy	\$1477.52
Power wheelchairs for quadriplegics	Quickie, Zippie etc. NOTE: does not include mobility scooters	\$120.45
Total Parenteral Nutrition (TPN) pump	Volumatic pump Flowguard pump	\$337.26
Ventilators	LTV series, Breas, PLV-100 etc, Iron Lung. NOTE: does not include nebulizers, humidifiers or vaporizers	\$1477.52

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