



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, the patient, 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:	
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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.	\$1,135 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (part-time)	Devilbiss, etc.	\$675 (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	\$259 (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	\$131 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo ePump, Companion-Abbott Flexiflow, Patro Enteral Pump	\$161
External heart pump	Left ventricular assist device	\$40
Home dialysis	Haemodialysis or peritoneal automated cycler machines – for example: Fresenius, Gambro, Baxter	\$562
Phototherapy equipment	Blue light therapy	\$1,343
Power wheelchairs for quadriplegics Note: does not include mobility scooters	Quickie, Zippie, etc.	\$110
Total parenteral nutrition pump	Volumatic Pump, Flowguard pump	\$307
Ventilators Note: does not include nebulizers, humidifiers or vaporizers	LTV Series Ventilators, Breas Vivo Series, Respiroics Lifecare PLV-100, Iron Lung, etc.	\$1,343

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