

APPLICATION FOR MEDICAL REBATE



How to apply

- Read the 'Important Information' over the page.
- Complete all information requests below using BLOCK LETTERS.
- Obtain a letter from the hospital or doctor that has provided the life support device.
- Mail this completed application form and the hospital's or doctor's letter to:

EnergyAustralia, Residential Billing, PO Box 487, NEWCASTLE NSW 2300.

If you have any questions about your application, please call us on 13 15 35.

Please complete:

EnergyAustralia Electricity Account No:

Name printed on Electricity Invoice

<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	FIRST NAME	LAST NAME

Patient's name

<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	FIRST NAME	LAST NAME

Supply Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	SUBURB/TOWN	STATE	POST CODE

Mailing Address ('AS ABOVE' if same as supply address)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET ADDRESS	SUBURB/TOWN	STATE	POST CODE

Type of Life Support device –		PLEASE TICK <input checked="" type="checkbox"/>
Enteral Feeding Pump <input type="checkbox"/>	Positive Airway Pressure Device <input type="checkbox"/>	
Home Dialysis Machine <input type="checkbox"/>	Phototherapy Equipment <input type="checkbox"/>	
Oxygen Concentrator <input type="checkbox"/>	Respirator <input type="checkbox"/>	

Commencement date of device usage (Only enter this date if this is a new rebate application.)

<input type="text"/>
D D M M Y Y

Hospital

<input type="text"/>	<input type="text"/>
	TELEPHONE NUMBER

Doctor's Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	FIRST NAME	LAST NAME

Doctor's Address

<input type="text"/>			
STREET ADDRESS			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SUBURB/TOWN	STATE/TERRITORY	POST CODE	TELEPHONE NUMBER

IMPORTANT INFORMATION

1. EnergyAustralia provides medical rebates on behalf of the NSW and ACT Governments. These governments fund the rebates and establish the rules that apply within their respective jurisdictions.
2. An EnergyAustralia residential account holder can apply to EnergyAustralia for a medical rebate if a person ('the patient') who lives in their home relies upon the use of an eligible life support device. The patient does not have to be the EnergyAustralia account holder, but it must be the patient's principal place of residence.
3. If a patient relies upon the use of more than one type of eligible life support device at that address, the account holder may apply for more than one medical rebate.
4. All applications must be accompanied by a recent letter from the doctor or hospital that provided the eligible life support device. The letter must confirm that the patient currently relies upon the use of that device.
5. EnergyAustralia must receive applications at least 14 days prior to the next scheduled meter reading in order for the rebate to start from the next bill.
6. EnergyAustralia will request a new application and medical letter every two years to confirm the continued use of the life support device and eligibility for a medical rebate.
7. If at any time a rebate recipient no longer requires the use of an eligible life support device in their home, they must notify EnergyAustralia immediately. The medical rebate will then cease and the life support device listing will also be removed from the account holder's address.

I hereby apply for a medical rebate off my electricity bills in respect of the Life Support device indicated above. I agree to notify EnergyAustralia immediately the Life Support device is no longer used at these premises. A recent letter from the hospital/doctor that provided the device is included with this application.

Applicant's signature (name printed on electricity invoice)

Date

Signature

D D M M Y Y

Account No.

Authorised Officer

Date Lodged

D D M M Y Y