

Medical Confirmation Form



Date of issue:

Use this form to provide medical confirmation and ensure your account remains registered for life support with us and your distributor. We will disclose your personal information (including health information) to your distributor and field vendors as part of managing your life support registration. If you don't provide us with the information in this form we may deregister your premises as requiring life support equipment and power to your premises may be disconnected (which may affect the operation of the equipment).

You must send your completed form to us by

Email: lifesupport@energyaustralia.com.au
Fax: (03) 8628 1680
Mail: EnergyAustralia Customer Care
Locked Bag 14060
Melbourne City Mail Centre 8001

If you have any questions or want to request more time to complete and return your form, please contact us and we'll be happy to help.

- Chat with us online at energyaustralia.com.au/livechat (Monday to Friday, 8am-9pm & Saturdays, 9am-6pm AEST)
- Email us at lifesupport@energyaustralia.com.au
- Call **133 466** (Monday to Friday, 8am-8pm AEST).

I have life support equipment in my premises and I wish to have the residence registered as life support dependent at this address. I agree to inform EnergyAustralia if the person for whom the life support equipment is required vacates the premises or no longer requires the life support equipment.

I acknowledge these conditions and certify any information given below is true and correct.

Returning your completed form will satisfy your requirement to provide medical confirmation under the relevant rules and regulations and maintain life support registration at your premises. Please note, if you are a NSW or Victorian resident you may be eligible for any applicable state government life support rebates or concessions. To ensure you receive any eligible rebates or concessions, you need to complete the relevant state government application form.

1. Details

Title First name Surname

Energy supply required for life support equipment Electricity Gas Electricity and gas

Electricity account number Gas account number

Service address where equipment is located

Street number Street name

Suburb State Postcode

NMI/MIRN number on bill (if known)

Telephone Work/mobile telephone

Date you require energy supply for the purposes of life support equipment:

2. Life Support Equipment

I, or a member of my household, make use of the following life support equipment:

Chronic positive airways pressure respirator/devices

Phototherapy equipment

Oxygen concentrator

Chronic positive airways pressure respirator/devices (24 hr)

Intermittent peritoneal dialysis machine

Crigler Najjar syndrome phototherapy equipment

External heart pump

Kidney dialysis machine

Enteral feeding pump

Ventilator for life support

Total Parenteral Nutrition (TPN) pump

Other equipment fuelled by electricity or gas, certified by a medical practitioner (please detail):

3. Medical practitioner confirmation

I, (Doctor)

hereby certify that a person residing at the above address requires the life support equipment indicated above.

Provider Number:

Name of medical practice/hospital where patient was reviewed:

Phone number of medical practice/hospital:

Signature and stamp of medical practitioner:

Date:

4. Customer's confirmation

I,

certify that the details given above are true and correct and declare that I am responsible for the accounts at the service address where life support equipment is installed.

Please note - a new Medical Confirmation form must be completed each time you register life support equipment at a new service address.

Signature of customer:

Date:

Our Privacy Policy is available at energyaustralia.com.au/privacy. It explains how we use and disclose your personal information (including your health information), your rights to access your information and the third parties that we exchange information with.