



Application for the NSW Government Life Support Electricity Rebate

Eligibility criteria for a customer to qualify for the Rebate on his/her electricity account:

- Responsible for the payment of electricity account for one's primary place of residence; and
- Rely on electricity to operate an approved Life Support Equipment at the same address.

Name of Patient who uses Life Support Equipment:

Title (Mr, Mrs, Ms)	Surname:	Given Name(s):
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Patient's contact details:

Address:		
Suburb/Town:	State:	Postcode:
Home phone:		

List the approved Life Support Equipment prescribed for the Patient

See over page for the List of Approved Life Support Equipment

Name of approved equipment:

IMPORTANT: For oxygen concentrators and PAP devices, please specify if the machine is used 24 hr a day.

Medical practitioner (GP/Specialist) details and support for the use of Life Support Equipment:

Practitioner Surname:	Practitioner Given Name(s):
Provider number:	
Name of the hospital/clinic/practice where the client was reviewed:	
Phone number of the hospital/clinic/practice where the client was reviewed:	

Medical declaration:

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

Signature of medical practitioner:	Date:
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Electricity Account Holder's authorisation and declaration:

- All particulars on this form are, to the best of my knowledge and belief, true and accurate.
- The electricity supply address for my electricity account is the primary place of residence for the above Patient (if Patient is different from the Account Holder).
- I will notify my electricity supplier in writing if my circumstances change including the validity of this application or my entitlements to the Life Support Medical Rebate.
- I understand that this application is only valid for 24 months and will need to be renewed and validated by a medical practitioner (my GP/Specialist) after this time.
- I understand that to ensure priority of supply for the life support machine, my electricity supplier will need to provide my application details to the relevant electricity distributor.

Name and Signature of the Account Holder	Date:
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FOR MEDICAL PRACTITIONER'S USE		
List of Approved Life Support Equipment		
Equipment	Examples of brand names*	Daily rate
Positive Airways Pressure (PAP) Device	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$0.16 \$0.32 for 24 hour usage
Enteral feeding pump	Kangaroo pump Companion-Abbott Flexiflow patrol pump	\$0.20
Phototherapy equipment	Blue light therapy	\$1.66
Home dialysis	Haemodialysis or Peritoneal automated cyclers machines – Brand names include: Fresenius, Gambro, Baxter	\$0.69
Ventilators	LTV series, Breas, PLV-100 etc, Iron Lung	\$1.66
Oxygen concentrators	Devilbiss etc	\$0.83 \$1.40 for 24 hour usage
Total Parenteral Nutrition (TPN) pump	Volumatic pump Flowguard pump	\$0.38
External heart pump	Left Ventricular Assist Device	\$0.05

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