



NSW Medical Energy Rebate APPLICATION FORM Retail Customers

This form is to be used when the resident receives an electricity bill from an electricity retailer of their choice.

To be eligible for the NSW Medical Energy Rebate you must be a NSW resident, hold one of the concession cards listed in the Eligibility Criteria, and be responsible for the payment of the electricity account at your principal place of residence where you or another person living at the same address meets the qualifying conditions.

The NSW Medical Energy Rebate is for customers who have an inability to self-regulate body temperature when exposed to extremes (hot or cold) of environmental temperatures. It is associated with certain medical conditions such as Parkinson's disease and Multiple Sclerosis.

APPLICANT DETAILS

Applicant must be an electricity account holder.

First Name:

Last Name:

Residential Address:

Suburb: Postcode: NSW

Home Phone: Mobile:

Postal Address (if different from residential address):

Suburb: Postcode: NSW

Email Address:

PATIENT DETAILS

Name of Patient:

Contact Phone:

I consent to the release of my medical records relevant to this application to the Department of Industry, Skills and Regional Development if required as part of its responsibility in administering this Rebate.

Signature of Patient: Date:



NSW Medical Energy Rebate APPLICATION FORM Retail Customers

MEDICAL PRACTITIONER DETAILS

This section must be completed by a medical practitioner (GP/Specialist) who has been treating the patient for at least three months or a medical practitioner (GP/Specialist) treating the patient who has been under the care of the Royal Flying Doctor Service for remote and regional areas for at least three months.

Practitioner First Name:

Practitioner Last Name:

Provider Number:

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

Phone Number of the Place where the Patient was Reviewed:
(Hospital/clinic/practice)

Name of Patient:

Address of Patient:

MEDICAL PRACTITIONER DECLARATION

I certify that the patient has an inability to self-regulate body temperature. I have been treating the above patient for at least three months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least three months and they meet at least one primary and one secondary qualifying condition (tick the relevant boxes below):

Primary Qualifying Conditions (tick at least one condition)	Please tick
a) Autonomic system dysfunction (Medical conditions in which the autonomic system has been damaged (e.g. severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).	<input type="checkbox"/>
b) Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20%, severe inflammatory skin conditions and some rare forms of disordered sweating).	<input type="checkbox"/>
c) Objective reduction of physiological functioning at extremes of environmental temperatures (e.g. Advanced multiple sclerosis).	<input type="checkbox"/>
d) Hypersensitivity to extremes of environmental temperature leading to increased pain or other discomfort or an increased risk of complications (e.g. complex regional pain syndrome and advanced peripheral vascular disease).	<input type="checkbox"/>
Secondary Qualifying criteria (tick at least one condition)	Please tick
e) Severe immobility (e.g. such as occurs with Quadriplegia or high level paraplegia, particularly above mid thoracic level (T7) resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control).	<input type="checkbox"/>
f) Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure.	<input type="checkbox"/>
g) Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.	<input type="checkbox"/>



NSW Medical Energy Rebate

APPLICATION FORM Retail Customers

PRIVACY STATEMENT

I note that the Department of Industry, Skills and Regional Development (the Department), as part of its responsibility for the administration of this Rebate, may request the release of medical records in support of this application. Medical records pertaining to this application will be maintained for future regular audit of the of the rebate recipients and the program to be conducted by the Department.

Signature of Medical Practitioner:Date:

ELECTRICITY RETAILER DETAILS

Name of Electricity Retailer:

Electricity Account Number:

APPLICANT CARD DETAILS

Note: Commonwealth Seniors Health Card holders are not eligible for this rebate.

CRN Number (Dept. of Human Services)				-				-				
DVA Number (Dept. of Veterans' Affairs)												

APPLICANT CARD TYPE

*I hold the following eligible concession card issued by either Dept. of Human Services or Dept. of Veterans' Affairs:
Please ✓ one of the below*

- Pensioner Concession Card** (Dept. of Human Services or Dept. of Veterans' Affairs) **OR**
- Health Care Card** (Dept. of Human Services) **OR**
- Gold Card** (Dept. of Veterans' Affairs)

Card Expiry Date: / /



NSW Medical Energy Rebate APPLICATION FORM Retail Customers

APPLICANT DECLARATION AND AUTHORISATION

- All particulars provided on this application form are, to the best of my knowledge, true and correct.
- The electricity supply address for my electricity account is the primary place of residence for the person that has an inability to self-regulate body temperature (if patient is different from the applicant/electricity account holder).
- I currently hold one of the eligible cards listed above.
- I will notify my electricity supplier in writing if the patient ceases to reside with me or if my circumstances change including the validity of this application or my entitlements to the Medical Energy Rebate.
- I give consent to the information on this form to be verified with the Department of Human Services or Department of Veterans' Affairs to assess my eligibility for the Rebate, and will not be used for any other purpose without my consent.
- I note that if I change my electricity retailer I will need to provide a new application form to my new electricity retailer if I wish to continue to receive the Rebate.

Applicant Name (please print):

Applicant Signature:Date:



NSW Medical Energy Rebate

CHECKLIST Retail Customers

PLEASE ✓ EACH OF THE BELOW IF YOU HAVE COMPLETED THE ACTIVITY

- I have filled in pages 1, 2, 3 & 4 of this application form.
- My medical practitioner has completed and signed the relevant sections.
- I have signed and dated the Applicant Declaration & Authorisation.

PRIVACY POLICY

The personal information you provide in the application form is subject to the Privacy & Personal Information Protection Act 1998. It is being collected by your electricity retailer for purposes related to processing your application for an energy rebate. Further information can be obtained from the Department of Industry, Skills and Regional Development website at www.industry.nsw.gov.au/legal/privacy.

ELIGIBILITY CRITERIA

To be eligible for the Medical Energy Rebate a person must:

- be a resident in New South Wales; and
- be a customer of the retailer, or a long term resident of an on-supplied residential community, or a resident of an on-supplied retirement village, or a resident of an on-supplied strata scheme; and whose name appears on the electricity account for supply to his or her principal place of residence; and
- submit a valid application form as provided by the Department of Industry, Skills and Regional Development (the Department), which will be made available to customers on the Department's website, duly signed by a registered medical practitioner (who is not the applicant) to verify that either the customer named on the bill or anyone residing at the residence has an inability to self-regulate body temperature as defined below; and
- hold either a: Pensioner Concession Card issued by the DHS/DVA; or DHS Health Care Card; or DVA Gold Card.

For the purpose of this rebate, an eligible customer has an inability to self-regulate body temperature where the eligible customer (or someone living at the supply address of the eligible customer) has been assessed by a registered treating medical practitioner (who is not the applicant) who has been treating them for at least three months as meeting one of the following four primary qualifying conditions and one of the three secondary qualifying conditions.

WHERE DO I SEND MY COMPLETED FORM?

Send your application directly to your electricity retailer.

The rebate will be paid from the day they receive your completed form.

Need help filling in this form?

Call Service NSW on 137 788

Support Services:

National Relay Service: 1300 555 727

TTY Users: 133 677

Translation & Interpreter Services: 131 450

Dept. of Human Services (Centrelink): 132 300

Dept. of Veterans' Affairs (DVA): 133 254

More Information:

www.resourcesandenergy.nsw.gov.au/info/medicalenergyrebate