

NSW Medical Energy Rebate



Application form: Retail Customers

Applicant details

The applicant must be the primary account holder of the electricity account and must be at the applicant's primary place of residence. A new completed application form must be submitted to your retailer every year or if there are changes to the patient's circumstances.

First Name:	
Last Name:	
CRN or DVA Number:	
Electricity Account Number:	
National Meter Identifier (NMI):	

Your NMI can be found on your electricity bill. It starts with 4 and is 11 digits long with no letters or symbols.

Applicant declaration and authorisation statement

I understand that:

- My energy retailer will use Centrelink Confirmation eServices to verify my eligibility for the rebate.
- It is my responsibility to ensure that all the information provided in this application is, to the best of my knowledge, true and correct and I will notify my energy retailer of any changes to my information.
- I may be required to provide additional information about my eligibility.
- I can only receive the NSW Medical Energy Rebate once per financial year.
- I must have consent from the patient to use and disclose their details for the purpose of this application.
- By signing this document, I can confirm that I have read and understood my energy retailer's privacy notice. (please contact your energy retailer for the full privacy notice).
- It is a criminal offence under the *Crimes Act 1900* to provide false or misleading information.

Applicant signature:

Date:

Patient details

Name of patient:	
Address of patient:	

For the purposes of administering this rebate, I consent to the release of the medical information in this application provided by my medical practitioner to my energy retailer.

Patient signature:

Date:

Consent for person to act on your behalf (optional)

Only complete this section if you would like someone to act on your behalf in relation to this application.

I authorise _____, who can be

contacted by phone on _____ or via

email at

to speak to my energy retailer on my behalf about this application.

I understand that I can withdraw this consent at any time by contacting my retailer

Consent to contact (optional)

I consent to my energy retailer contacting me about my experience applying for the rebate.

Submitting this form to your energy retailer

Before you send this application have you:

- Verified all details you have supplied are correct?
- Filled out all sections of this form?
- Signed and agreed to all the conditions listed in the declaration?
- Confirmed that your medical practitioner has signed and completed all the relevant sections on page 3?

Medical practitioner details

This section must be completed by the patient's medical practitioner.

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):	

Medical assessment

To meet the criteria for the NSW Medical Energy Rebate, the patient must have been assessed by a registered medical professional who has been treating them for at least 3 months, where the patient:

- has an inability to self-regulate body temperature
- meets one of the four primary qualifying conditions and one of the three secondary qualifying conditions listed in the table.

Medical practitioner declaration

I certify that the patient has an inability to self-regulate body temperature. I have been treating the patient for at least 3 months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least 3 months, and they meet at least one primary and one secondary qualifying condition as indicated in this table:

Primary qualifying conditions (select at least one)	Check box
Autonomic system dysfunction (medical conditions in which the autonomic system has been damaged, such as severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).	<input type="checkbox"/>
Loss of skin integrity or loss of sweating capacity (e.g. significant burns greater than 20% of the body, severe inflammatory skin conditions and some rare forms of disordered sweating).	<input type="checkbox"/>
Objective reduction of physiological functioning at extremes of environmental temperatures (e.g. advanced multiple sclerosis).	<input type="checkbox"/>
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 conditions (select at least one)	Check box
Severe immobility, 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"/>
Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure.	<input type="checkbox"/>
Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.	<input type="checkbox"/>

I declare that all information provided in this application is, to the best of my knowledge, true and correct.

I consent to the energy retailer contacting me to confirm the accuracy of the personal and health information provided in this form.

Signature of medical practitioner:

Date: