

NSW Life Support Rebate



Medical declaration

Patient details

Name of patient who uses life support equipment:	
Address of patient:	
Patient daytime contact number:	

☐ I consent to the release of my medical records relevant to this application to the OECC if required as part of its responsibility in administering this rebate. I have read and understood the Energy Rebates Privacy Collection Notice.

Patient signature: Date:

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):	

Approved life support equipment prescribed for the patient

The patient's medical practitioner is required to select the relevant check box/es below. See page 3 for more information on approved life support equipment. To meet the criteria for the NSW Life Support Rebate, the patient must have been assessed by a registered medical professional to verify that the use of the approved life support equipment is required at their principal place of residence.

Medical practitioner declaration

I certify that the patient requires the use of:

Check box	Equipment	Qualification
<input type="checkbox"/>	Oxygen concentrators (full-time)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Oxygen concentrators (part-time)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Positive airway pressure device (full-time)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Positive airway pressure device (part-time)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Enteral feeding pump	–
<input type="checkbox"/>	External heart pump	–
<input type="checkbox"/>	Home dialysis	–
<input type="checkbox"/>	Phototherapy	–
<input type="checkbox"/>	Power wheelchairs	Patient must be classified as a quadriplegic Note: does not include mobility scooters
<input type="checkbox"/>	Total parenteral nutrition pump	–
<input type="checkbox"/>	Ventilators	Note: does not include nebulizers, humidifiers or vaporizers

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

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

Signature of medical practitioner:

Date:

Approved life support equipment

Equipment type	Equipment examples*	Annual rebate
Oxygen concentrators (full-time)	Devilbiss etc	\$1,248.67 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (part-time)	Devilbiss etc	\$742.78 (machine is in use for less than 24 hours a day)
Positive airway pressure device (full-time)	Continuous positive airway pressure, bilevel or variable positive airway pressure	\$285.07 (machine must be used continuously for 24 hours a day)
Positive airway pressure device (part-time)	Continuous positive airway pressure, bilevel or variable positive airway pressure	\$144.54 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo ePump Companion–Abbott Flexiflow Patrol Enteral Pump	\$176.66
External heart pump	Left ventricular assist device	\$44.17
Home dialysis	Haemodialysis or peritoneal automated cyclers machines – for example: Fresenius, Gambro, Baxter	\$618.31
Phototherapy equipment	Blue light therapy	\$1,477.52
Power wheelchairs for quadriplegics Note: does not include mobility scooters	Quickie, Zippie, etc.	\$120.45
Total parenteral nutrition pump	Volumatic pump Flowguard pump	\$337.26
Ventilators Note: does not include nebulizers, humidifiers or vaporizers	LTV series, Breas, PLV-100 etc, Iron Lung	\$1,477.52

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