

Medical Confirmation Form

Date

To ensure that your account remains registered with Tango Energy and your distributor, use this form to provide medical confirmation. As part of managing your life support registration we will disclose your personal information, including health information to your distributor and field vendors. **We may deregister your premises as having requirements for life support equipment if you do not complete and return this form within 50 business days of receiving it.**

You must send your completed form by:

- Post to:
Tango Energy, PO Box 320 Geelong North Vic 3215
- Scan and email to lifesupport@tangoenergy.com
- Fax to (03) 8621 6112

If you have any queries regarding this form, wish to request more time to complete and return or require further assistance, please contact us on 1800 010 648 from Monday to Friday between 8:30am and 5:30pm (AET)

I have life support equipment at my premises and I wish to have the residence registered as life support dependent at this address. I agree to inform Tango Energy if the person for whom the life support equipment is required for 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 in order to maintain life support registration at your premises. Please be advised, VIC or NSW residents may be eligible for any applicable state government life support concessions or rebates. To ensure you receive any eligible concessions or rebates, you are required to complete the relevant state government forms.

1. Personal Information

Title: First Name: Surname:

Energy supply required for life support equipment: Electricity: Gas:

Electricity account number:

Gas account number:

SERVICE ADDRESS

Street No: Street Name:

Suburb: State: Postcode:

Telephone: Work/Mobile Number:

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

2. Life Support Equipment

I, or a member of my household use the following life support equipment at this premises:

- | | | |
|--|---|---|
| <input type="checkbox"/> Chronic positive airways pressure respirator/devices | <input type="checkbox"/> Phototherapy equipment | <input type="checkbox"/> Oxygen concentrator |
| <input type="checkbox"/> Chronic positive airways pressure respirator/devices (24hr) | <input type="checkbox"/> Intermittent peritoneal dialysis machine | <input type="checkbox"/> Crigler Najjar syndrome phototherapy equipment |
| <input type="checkbox"/> External heart pump | <input type="checkbox"/> Kidney dialysis machine | <input type="checkbox"/> Enteral feeding pump |
| <input type="checkbox"/> Ventilator for life support | <input type="checkbox"/> Total Parenteral Nutrition (TPN) pump | |

Other equipment 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:

Signature and stamp of the medical practitioner: Date:

4. Customer Confirmation

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

Customer's signature: Date:

Our Privacy Policy is available at <https://www.tangoenergy.com/privacy>. It explains how your personal information is used (including health information), your access rights to your information and third parties we exchange information with.



NSW Life Support 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 Life Support Rebate you must be a NSW resident, be responsible for the payment of the electricity account at your principal place of residence where either yourself or another person living at the same address relies on electricity to operate approved Life Support Equipment.

Note: you will need to reapply for this rebate every 2 years.

APPLICANT DETAILS

Applicant must be an electricity account holder.

Please ✓ Ms Mrs Miss Mr Other

First Name:

Last Name:

Residential Address:

Suburb: Postcode: NSW

Home Phone: Mobile:

Postal Address (if different from residential address):

Suburb: Postcode: NSW

Email Address:

ELECTRICITY RETAILER DETAILS

Electricity Retailer Name:

Electricity Account Number:

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PATIENT DETAILS

Name of Patient who uses Life Support Equipment:

Contact Phone:



NSW Life Support Rebate APPLICATION FORM Retail Customers

MEDICAL PRACTITIONER DETAILS

Practitioner First Name:

Practitioner Last Name:

Provider Number:

Name of Patient:

Address of Patient:

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

APPROVED LIFE SUPPORT EQUIPMENT PRESCRIBED FOR THE PATIENT

The medical practitioner is required to tick the relevant boxes below. See 'Attachment 1' for more information on approved Life Support Equipment.

Please Tick <input checked="" type="checkbox"/>	Equipment	Qualification
<input type="checkbox"/>	Oxygen concentrators (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Oxygen concentrators (PT)	Machine is used less than 24 hours a day (part-time)
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (FT)	Machine is used continuously for 24 hours a day
<input type="checkbox"/>	Positive Airways Pressure (PAP) Device (PT)	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 Wheelchair	Patient must be classified as a quadriplegic NOTE: does not include mobility scooters
<input type="checkbox"/>	Total Parenteral Nutrition (TPN) pump	-
<input type="checkbox"/>	Ventilators	NOTE: does not include nebulizers, humidifiers or vaporizers



NSW Life Support Rebate

APPLICATION FORM Retail Customers

MEDICAL PRACTITIONER DECLARATION

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

Signature of Medical Practitioner: Date:

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 above patient (if patient is different from the applicant/electricity account holder).
- 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.
- 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 Rebate.

Applicant Name (please print):

Applicant Signature: Date:



NSW Life Support Rebate CHECKLIST

PLEASE RETAIN THIS PAGE FOR YOUR OWN INFORMATION

Have you completed pages 1, 2 & 3, signed and dated your application form?

Once completed, this form should be posted to your electricity retailer.

This form is only valid for 2 years. You will be required to complete a new form every two years or if you change electricity providers.

The Life Support Rebate will be credited to your electricity bill each quarter.

Any questions regarding your Life Support Rebate should in the first instance be directed to your electricity retailer.

ELIGIBILITY CRITERIA

To be eligible for the Life Support 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 where approved equipment (see approved list in Attachment 1) is used by the customer or another person who lives at the same address; and
- submit a valid application form as provided by the Department of Planning and Environment (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 the use of the approved life support equipment is required at his or her principal place of residence.

PRIVACY POLICY

The personal information you provide in the application form is subject to the Privacy and Personal Information Protection Act 1998. It is being collected by the Department of Planning and Environment for purposes related to processing your application for an energy rebate and auditing the rebate program which may include surveying customer experiences. The Department of Planning and Environment will not disclose your personal information to anybody else unless authorised by law. Further information can be obtained from the Department of Planning and Environment website at www.planning.nsw.gov.au/privacy.

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/rebates



NSW Life Support Rebate

ATTACHMENT 1 Approved Life Support Equipment List

FOR MEDICAL PRACTITIONER'S USE List of Approved Life Support Equipment

Equipment	Examples of brand names*	Daily Rate
Oxygen concentrators (FT)	Devilbiss etc	\$3.11 (machine must be used continuously for 24 hours a day)
Oxygen concentrators (PT)	Devilbiss etc	\$1.85 (machine is in use for less than 24 hours a day)
Positive Airways Pressure (PAP) Device (FT)	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$0.71 (machine must be used continuously for 24 hours a day)
Positive Airways Pressure (PAP) Device (PT)	Continuous Positive Airways Pressure (CPAP), Bilevel or Variable Positive Airways Pressure (BiPAP or V-PAP) etc	\$0.36 (machine is in use for less than 24 hours a day)
Enteral feeding pump	Kangaroo pump Companion-Abbott Flexiflow patrol pump	\$0.44
External heart pump	Left Ventricular Assist Device	\$0.11
Home dialysis	Haemodialysis or Peritoneal automated cyclor machines - Brand names include: Fresenius, Gambro, Baxter	\$1.54
Phototherapy equipment	Blue light therapy	\$3.68
Power wheelchairs for quadriplegics	Quickie, Zippie etc. NOTE: does not include mobility scooters	\$0.30
Total Parenteral Nutrition (TPN) pump	Volumatic pump Flowguard pump	\$0.84
Ventilators	LTV series, Breas, PLV-100 etc, Iron Lung. NOTE: does not include nebulizers, humidifiers or vaporizers	\$3.68

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