

## 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](mailto: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.

# Life Support Concession and machine notification

## Application form

The Life Support Concession assists Victorian households who hold a valid concession card with electricity costs where a member of the household uses an eligible life support machine. Non-concession households where a member of the household uses a life support machine should complete this form to notify their electricity retailer and/or water corporation that they have the machine present in their home. Please see the third page of this form for eligibility criteria.

### Account holder's details

Ms  Mrs  Miss  Mr  Other

Given Names  Surname

Residential Address

Suburb/Town  Postcode

Home

Mobile

Postal Address (if different from above)

Suburb/Town  Postcode

### Electricity account details

Electricity retailer  Account No.

NMI No. (if known)

If you pay a caravan park or retirement village for your electricity please contact the Concessions Information Line on **1800 658 521** to discuss your application.

### Water account details (haemodialysis machines only)

Water Corporation  Account No.

### Account holder's concession card type (Please ✓)

Pensioner Concession Card (Centrelink or Veterans' Affairs)  Gold Card (Veterans' Affairs)

Health Care Card (Centrelink)

### Account holder's concession card number

Centrelink cards  
CRN

Veterans' Affairs cards  
File number

**Commonwealth Seniors Health Cards, Child Disability and Foster Care Health Care Cards, and Veterans' cards marked 'Dependent' are not eligible.**



## Patients details

Given Names	Surname
Residential Address	
Suburb/Town	Postcode

## I have the following type of machine (Please ✓)

### Eligible for an electricity concession

- Oxygen concentrator  
 Intermittent peritoneal dialysis machine

### Eligible for an electricity concession and water concession

- Haemodialysis machine

### Not eligible for concession

- Continuous positive airways pressure (CPAP) machine  
 Ventilator  
 Ventolin nebuliser  
 Others (please specify)

If your machine is not listed above, please call the **Concessions Information Line** on **1800 658 521** (toll free).

Date of Installation  /  /

## Statement from hospital social worker, nurse or doctor

I certify that the machine indicated is/will be installed in the patient's home.

Name	Job Title
Hospital	Telephone
Signature	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

## Consent to check Centrelink details

I authorise:

- my electricity retailer and/or water corporation to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink or Veterans' Affairs customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.
- the Australian Government Department of Human Services to provide the results of that enquiry to my electricity retailer and/or water corporation.

I understand that:

- the Australian Government Department of Human Services will use information I have provided to my electricity retailer and/or water corporation to confirm my eligibility for the concession and will disclose to my electricity retailer and/or water corporation personal information including my name, address, payment and concession card type and status.
- this consent, once signed, remains valid while I am a customer of my electricity retailer and/or water corporation unless I withdraw it by contacting my electricity retailer and/or water corporation or the Australian Government Department of Human Services.
- I can obtain proof of my circumstances/details from the Australian Government Department of Human Services and provide it to my electricity retailer and/or water corporation so that my eligibility for the concession can be determined.
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concession provided by my electricity retailer and/or water corporation.

**Note: If completing this form electronically, please print the form, sign below, and post the form to your electricity or water retailer.**

Account holder's signature	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
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## When should I complete this form?

- If you or someone in your household uses a life support machine, this form is used to notify your electricity retailer and/or water corporation of the presence of the machine, to ensure you are notified prior to any withdrawal of service that may affect your property

and

- If the electricity/water account holder has an eligible concession card, and the life support machine used is an eligible machine, you can also claim a concession on your electricity and/or water accounts.

## What concession cards are eligible?

Eligible cards are:

- Pensioner Concession Card – issued by Centrelink or Department of Veterans' Affairs
- Centrelink Health Care Card
- Department of Veterans' Affairs Gold Card (cards marked 'Dependent' are not eligible).

Commonwealth Seniors Health Cards, Victorian Seniors Card, Child Disability and Foster Care Health Care Cards and Medicare Cards are not eligible cards.

## What machines are eligible for a concession?

Your hospital social worker, nurse or doctor must have completed the main section of the form to confirm the installation of the machine.

### Eligible machines are:

Electricity concession only:

- Oxygen concentrator
- Intermittent peritoneal dialysis machine.

Electricity and water concession:

- Haemodialysis machine.

Eligible machines are those that consume at least 1,880 kilowatt hours of electricity per annum. If your machine is not listed above, and you believe that it is eligible, please contact the **Concessions Information Line** on **1800 658 521** (toll free).

## How much will I receive off my bills?

The discount is equal to the cost of 1,880 kilowatt hours of electricity used each year (470 kwh per quarter), calculated using the general domestic tariff of your electricity retailer.

For haemodialysis machines a discount is available on both your electricity and water bills. The discount on your water bill is equal to the cost of 168 kilolitres of water each year (42 kilolitres per quarter).

## I receive electricity via an embedded network – can I receive a concession?

Yes. Please contact the Concessions Information Line on **1800 658 521** (toll free) to find out how to apply.

## Where do I send my form?

Please send your form to your electricity retailer or water corporation. If you cannot find the correct address please contact the account enquiries number that appears on your bill.

## Renewals

You may be asked to renew your application for the concession periodically.

## Privacy Statement

This information is collected by the Department of Health and Human Services Concessions Unit and your electricity retailer/distributor and/or water corporation for the purpose of administering your concessions. Without this information, we are unable to provide your concession. Your information will be disclosed to your electricity retailer/distributor and/or water corporation to enable them to process your concession. You are able to request access to the personal information that we hold about you, and to request that it be corrected if necessary. Please contact the Concessions Information Line on **1800 658 521** with any queries about this statement.

## Accessible format

If you would like to receive this publication in an accessible format, please contact us on **1800 658 521** (toll free), using the National Relay Service **13 36 77** if required, or email **concessions@dhhs.vic.gov.au**

## Checklist — have you (Please ✓)

- Completed all of your details, and your account details.
- Asked your hospital social worker, nurse or doctor to complete the appropriate section.
- Signed and dated the form.

**For further information, please contact your electricity retailer and/or water corporation, or call the Concessions Information Line on 1800 658 521 (toll free).**



For help in your language call the Concessions Information Line on **1800 658 521** (toll free) and ask for an interpreter.

## Form return details

**Please send your form to your electricity retailer.**

If a return address has not been provided below, please contact your electricity retailer's account enquiries number on your bill to find out the correct address.

**Electricity retailer address:**

**For applications for haemodialysis machines only, please also send a copy of your form to your water corporation.**

If a return address has not been provided below, please contact your water corporation's account enquiries number on your bill to find out the correct address.

**Water corporation address:**