

## 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 8:00am and 6:00pm (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 by residents who receive an electricity bill from a retailer of their choice.**



The NSW Life Support Rebate helps you pay your electricity bills if you or someone living with you uses approved energy-intensive equipment at home.

**A new application and signed medical declaration from your doctor is required every 2 years.**

**Contact your energy retailer if you have any questions about this rebate.**

## Before you start

Before filling in this application please ensure you have:

- your personal and contact details

- a signed and completed medical practitioner declaration (PDF/JPEG format) to upload with this form (the medical practitioner declaration is on page 5 below)

- your energy retailer's details.

## Checklist

### Eligibility criteria

To be eligible for this rebate you must:

- be a current NSW resident

- be a customer of the retailer, and be named on the electricity account for supply of electricity to your principal place of residence where approved life support equipment as defined on page 7 is used by you or another person who lives at the same address, **and**

- submit a valid application form provided by the Department, 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 the applicant's principal place of residence.

# NSW Life Support Rebate



Application form: Retail customers

## Important information

The rebate for qualifying applicants is paid at the daily rate/s specified on page 7 for the approved life support equipment type/s used and applies from the date your application is received by your electricity retailer. The rebate is credited to your electricity account each quarter and will be displayed on your bill. You are required to complete a new application, including a new signed medical declaration from your doctor on pages 5 and 6, every 2 years. You must also submit a new rebate application if you change retailer - you can re-use the same medical declaration with your new rebate application if it is less than 2 years old. Any questions regarding your Life Support Rebate should first be directed to your retailer.

**If you are submitting this application under a power of attorney you must** attach a certified copy of the power of attorney with this application.

## More information

Visit the Service NSW website at: [www.service.nsw.gov.au/services/concessions-rebates-and-assistance](http://www.service.nsw.gov.au/services/concessions-rebates-and-assistance) or

Call the Service NSW: 137 788

## Privacy Notice

The Department of Planning, Industry and Environment (the Department), located at 4 Parramatta Square, 12 Darcy Street, Parramatta NSW 2150, is subject to the *Privacy and Personal Information Protection Act 1998* in managing your personal information.

Your energy retailer and the Department are collecting your personal information for the purposes of processing your application for an energy rebate (including assessing your eligibility), paying a rebate to you if you are eligible, administering the energy rebates scheme and auditing the rebate program which may include surveying customer experiences. In completing this form you may provide the personal information of another person. Before you provide this information you must seek the consent of that person to disclose their information to your energy retailer and the Department, and for it to be used in accordance with this Privacy Notice.

Your energy retailer and the Department may disclose your personal information to a third party engaged to carry out an audit of the rebate. Your energy retailer and the Department will not disclose your personal information to anybody else unless authorised by law.

Applying for this rebate is voluntary. However, if you decide to apply, unless otherwise noted, all personal information requested directly from you must be provided to your energy retailer for your retailer to process your application.

You have the right to access the personal information that the Department holds about you. You also have the right to request that the Department updates or amends this information. For further details, email: [rebates@energysaver.nsw.gov.au](mailto:rebates@energysaver.nsw.gov.au).

# NSW Life Support Rebate



Application form: Retail customers

## Filling in this form

- Please use CAPITAL letters.
- The applicant name must match the name printed on your energy bill/invoice.
- The address included on the application must be the applicant's principal place of residence.

## Applicant details

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**First name:**

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**Last name:**

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**Residential address:**

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**Suburb:**

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**Postcode:**

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**Contact phone number:**

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**Email:**

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**Postal address (if different from above):**

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**Suburb:**

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**Postcode:**

## Electricity retailer details

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**Electricity retailer name:**

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**Electricity account holder name:**

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**Electricity account number:**

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**National meter identifier (NMI) number:**

Your NMI number is located on your electricity bill. It starts with the number 4 and is 11 digits long, with no letters or symbols. If you cannot locate your NMI number please send a full copy of your bill with this application and we will add the information for you.

# NSW Life Support Rebate



Application form: Retail customers

## 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 \_\_\_\_\_ to:

- speak to my energy retailer on my behalf to assist with processing this application
- clarify any information provided in this form to assist with processing this application.

I have confirmed with the above nominated person that they agree to act on my behalf and advised them that their information will be collected and managed in accordance with the Privacy Notice in this form.

I understand that this consent is only provided to act in relation to this application and is not provided to act on behalf of or in relation to my electricity account with my retailer.

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

## Applicant declaration and authorisation statement

I (insert name), \_\_\_\_\_ of (insert principal place of residence) \_\_\_\_\_ :

- declare that all particulars provided on this application form are, to the best of my knowledge, true and correct.
- have read and understood all information in this application form, including the Checklist and Privacy Notice
- declare that all information provided in this application is, to the best of my knowledge, true and correct
- understand that it is my responsibility to notify my retailer of any changes to the information I have provided in this form
- agree to provide additional information about my eligibility on request
- understand that this application, once signed, remains valid unless I withdraw it by contacting my retailer.

### Power of attorney (when application signed under power of attorney)

I have attached the certified copy of the power of attorney with this application.

**Applicant signature:**

**Date:**

# NSW Life Support Rebate



Application form: Retail customers

## Medical declaration

### Patient details

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**Name of patient who uses life support equipment:**

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**Address of patient:**

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**Patient daytime contact number:**

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I consent to the release of my medical records relevant to this application to my energy retailer and the Department if required as part of their responsibilities in delivering and administering this rebate. I have read and understood the Privacy Notice.

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**Patient signature:**

**Date:**

### Medical practitioner details

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

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**Practitioner name:**

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**Provider number:**

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**Name of place where patient was reviewed (hospital/clinic/practice):**

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**Phone number of place where patient was reviewed (hospital/clinic/practice):**

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# NSW Life Support Rebate



Application form: Retail customers

## 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 7 for more information on approved life support equipment.

### Medical practitioner declaration

I certify that the patient requires the use of:

Check box	Equipment	Qualification
	Oxygen concentrators (full-time)	Machine is used continuously for 24 hours a day
	Oxygen concentrators (part-time)	Machine is used less than 24 hours a day (part-time)
	Positive airway pressure device (full-time)	Machine is used continuously for 24 hours a day
	Positive airway pressure device (part-time)	Machine is used less than 24 hours a day (part-time)
	Enteral feeding pump	–
	External heart pump	–
	Home dialysis	–
	Phototherapy	–
	Power wheelchairs	Patient must be classified as a quadriplegic <b>Note:</b> does not include mobility scooters
	Total parenteral nutrition pump	–
	Ventilators	<b>Note:</b> 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 applicant's energy retailer and the Department contacting me to confirm the accuracy of the personal and health information provided in this form.

**Signature of medical practitioner:**

**Date:**



# NSW Life Support Rebate



Application form: Retail customers

## Approved life support equipment

Equipment type	Equipment examples*	Daily rate (excludes GST)
<b>Oxygen concentrators (full-time)</b>	Devilbiss etc	\$3.11 (machine must be used continuously for 24 hours a day)
<b>Oxygen concentrators (part-time)</b>	Devilbiss etc	\$1.85 (machine is in use for less than 24 hours a day)
<b>Positive airway pressure device (full-time)</b>	Continuous positive airway pressure, bilevel or variable positive airway pressure)	\$0.71 (machine must be used continuously for 24 hours a day)
<b>Positive airway pressure device (part-time)</b>	Continuous positive airway pressure, bilevel or variable positive airway pressure	\$0.36 (machine is in use for less than 24 hours a day)
<b>Enteral feeding pump</b>	Kangaroo ePump Companion–Abbott Flexiflow Patrol Enteral Pump	\$0.44
<b>External heart pump</b>	Left ventricular assist device	\$0.11
<b>Home dialysis</b>	Haemodialysis or peritoneal automated cyclers machines – for example: Fresenius, Gambro, Baxter	\$1.54
<b>Phototherapy equipment</b>	Blue light therapy	\$3.68
<b>Power wheelchairs for quadriplegics</b> <b>Note: does not include mobility scooters</b>	Quickie, Zippie, etc.	\$0.30
<b>Total parenteral nutrition pump</b>	Volumatic pump Flowguard pump	\$0.84
<b>Ventilators</b> <b>Note: does not include nebulizers, humidifiers or vaporizers</b>	LTV series, Breas, PLV-100 etc, Iron Lung	\$3.68

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

## Submitting this form

Send your completed form to your energy retailer.