



# Application for the NSW Medical Energy Rebate

The NSW Medical Energy Rebate is for customers who are unable to self-regulate their body temperature. It may be associated with certain medical conditions such as Parkinson's disease and multiple sclerosis. To be eligible for the NSW Medical Energy Rebate,

- either you as the electricity account holder or someone residing at your residence must have an inability to self-regulate body temperature. This requires the completion of this signed form by a medical practitioner or a medical practitioner (GP/Specialist) treating the patient who has been under the care of the Royal Flying Doctor Service for remote and regional areas, who has been treating the patient for more than three months; and
- you as the account holder must have one of the eligible cards listed below\*.

Please return the completed application form to your electricity supplier:

Note for long term caravan park residents: You should complete this form as if you were a direct electricity account holder and submit it to the standard electricity supplier for your district, along with a statement from your caravan park owner to certify that you are a long term resident at the specified address of the caravan park. For more information go to [www.dtiiris.gov.au/energy](http://www.dtiiris.gov.au/energy)

### Electricity Account holder's details:

Title (Mr, Mrs, Ms)	Surname:	Given Name(s):	
Address:			
		State:	Postcode:
Home phone:			
Account Number			
* I hold an eligible concession card issued either by Centrelink or the Department of Veterans' Affairs: YES <input type="radio"/> NO <input type="radio"/>			
* Centrelink Cards (please tick)		* Veterans' Affairs Cards (please tick):	
<ul style="list-style-type: none"> <li>• Pensioner Concession Card <input type="radio"/></li> <li>• Health Care Card <input type="radio"/></li> </ul>		<ul style="list-style-type: none"> <li>• Pensioner Concession Card <input type="radio"/></li> <li>• Gold Repatriation Card <input type="radio"/></li> </ul>	
Centrelink Reference Number .....		Card Number .....	
Expiry Date .....		Expiry Date .....	

### ELECTRICITY ACCOUNT HOLDER'S AUTHORISATION AND DECLARATION

- All particulars on this form are, to the best of my knowledge and belief, true and accurate.
- The electricity supply address for my electricity account is the primary place of residence for the patient who has an inability to self-regulate body temperature (if the person is different from the Account Holder).
- I currently hold one of the eligible cards listed above.
- I give consent to the information on this form to be verified with Centrelink or Department of Veterans' Affairs to assess my eligibility for the Rebate, and will not be used for any other purpose without my consent.
- I will notify my electricity supplier in writing if the patient ceases to reside with me or if my circumstances change including the validity of this application or my entitlements to the Medical Energy Rebate.
- I note that if I change my electricity supplier I will need to provide a new application form to my new electricity supplier if I wish to continue to receive the Rebate.

Name of the Account Holder	Date:
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Signature of the Account Holder	Date:
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**Patient:**

I consent to the release of my medical records relevant to this application to the Department of Trade and Investment, Regional Infrastructure and Services if required as part of its responsibility in administering this Rebate.

Title (Mr, Mrs, Ms)	Surname:	Given Name(s):
Signature of patient		Date:

**FOR MEDICAL PRACTITIONER'S USE**

A medical practitioner (GP/Specialist) who has been treating the patient for at least three months or a medical practitioner (GP/Specialist) treating the patient who has been under the care of the Royal Flying Doctor Service for remote and regional areas for at least three months:

Practitioner Surname:	Practitioner Given Name(s):
Provider number:	
Name of patient:	
Address of patient:	
Name of the hospital/clinic/practice where the patient was reviewed:	
Phone number of the hospital/clinic/practice where the patient was reviewed:	

**Medical declaration:**

I certify that the patient has an inability to self-regulate body temperature. I have been treating the above patient for at least three months/this patient has been treated by the Royal Flying Doctor Service in remote and regional NSW for at least three months and they meet at least one primary and one secondary qualifying condition (tick the relevant boxes below):

Primary Qualifying Conditions (tick at least one condition)	Please tick
1. Autonomic system dysfunction (Medical conditions in which the autonomic system has been damaged eg severe spinal cord injury, stroke, brain injury and neurodegenerative disorders)	<input type="radio"/>
2. Loss of skin integrity or loss of sweating capacity (eg significant burns greater than 20%, severe inflammatory skin conditions and some rare forms of disordered sweating)	<input type="radio"/>
3. Objective reduction of physiological functioning at extremes of environmental temperatures (eg Advanced multiple sclerosis)	<input type="radio"/>
4. Hypersensitivity to extremes of environmental temperature leading to increased pain or other discomfort or an increased risk of complications (eg complex regional pain syndrome and advanced peripheral vascular disease).	<input type="radio"/>

Secondary Qualifying criteria (tick at least one condition)	Please tick
a) Severe immobility (eg 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="radio"/>
b) Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure	<input type="radio"/>
c) Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature	<input type="radio"/>

**Privacy Statement**

I note that the Department of Trade and Investment, Regional Infrastructure and Services, as part of its responsibility for the administration of this Rebate, may request the release of medical records in support of this application. Medical records pertaining to this application will be maintained for future regular audit of the rebate recipients and the program to be conducted by the Department.

Signature of medical practitioner:	Date:
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