

Notes for Medical Practitioners

Clean Energy Future Household Assistance Package

Essential Medical Equipment Payment

Medical confirmation

Purpose of this payment

The purpose of the Essential Medical Equipment Payment is to cover the additional costs of running essential medical equipment, that arise from the introduction of a carbon price on 1 July 2012. The Essential Medical Equipment Payment is available in addition to any existing state and territory government schemes. Details of any state and territory government schemes are available from the relevant state and territory governments.

How will a person qualify for an Essential Medical Equipment Payment

To qualify for the Essential Medical Equipment Payment under the essential medical equipment criteria, the person must meet the following criteria:

- the piece of equipment is essential to manage the person's condition, **and**
- the person has been advised by the medical practitioner to use the equipment at home.

For a list of specified medical equipment, see question 5.

For the purpose of the Essential Medical Equipment Payment, a person can qualify under the medically required heating/cooling criteria if they suffer from a specified medical condition which results in an inability to regulate their body temperature.

To qualify for the Essential Medical Equipment Payment under this criteria, the person with medical needs must meet the following criteria:

- the person has a specified medical condition, **and**
- the person is unable to regulate his or her body temperature because of that medical condition and medically requires heating/cooling in their home, **and** without medically required heating/cooling, the person risks serious harm to his or her health.

Note to Medical Practitioners: In determining whether a person has an inability to regulate body temperature, consideration should be given to whether the person would risk serious harm to his or her health without medically required heating/cooling.

For the list of specified medical conditions, see question 4.

How will Medical Practitioners provide the relevant certification

Medical Practitioners will be requested to provide the relevant certification by completing and signing the Medical Certification on the reverse side of these notes.

The form requests the Medical Practitioner to:

- confirm that the information provided is true and correct
- agree to speak with the Department of Human Services about the claim, if required.

Privacy and your personal information

Centrelink, Medicare Australia, Child Support and CRS Australia are services within the Australian Government Department of Human Services (Human Services).

Your personal information is protected by law, including the *Privacy Act 1988*. Your information is collected for Social Security, Family Assistance, Medicare, Child Support and CRS purposes. This information may be required by the powers provided within each services' legislation or voluntarily given by you when you apply for services or payments.

Your information will be used for the assessment and administration of payments and services. Your information may also be used within Human Services, where you have provided consent or it is required or authorised by law. Human Services may disclose your information to Commonwealth departments, other persons, bodies or agencies **ONLY** where you have provided consent or it is required or authorised by law.

You can get more information about privacy by going to our website humanservices.gov.au/privacy or requesting a copy of the full privacy policy at one of our Service Centres.

Returning this form

Note to claimant: Lodging this form by mail, address to: **Essential Medical Equipment Payment, PO Box 7825, Canberra Business Centre ACT 2610**

Alternatively you can return this form in person at one of our Service Centres.

1 Patient details

Name

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

Date of birth

/ /

Centrelink Reference Number (if known)

- - -

2 Claimant's details (if different from above)

Full name

Date of birth

/ /

Centrelink Reference Number (if known)

- - -

The following information is to be completed by the Medical practitioner.

3 Please read this before answering the following questions.

The following information is about the patient who is named at question 1, and forms part of a claim for the Essential Medical Equipment Payment.

Does the patient who is named at question 1 suffer from a specified medical condition that results in the inability to regulate his or her body temperature and medically require heating/cooling in their home because of this condition?

No **Go to 5**

Yes **Go to next question**

4 What condition does this patient have that causes the inability to regulate his or her body temperature?

Tick all that apply

Spinal cord injury at or above the T7 level

Stroke

Brain injury

A neurodegenerative disorder

The muscular dystrophies

Full thickness burns covering more than 20 per cent of the body surface area

Rare disorders of sweating including congenital absence or mal-development of sweat glands

Chronic erythrodermas

5 What essential medical equipment does this patient use?

Tick ALL that apply

Home Dialysis Machine

Home Ventilator

Home Respirator

Home Parenteral or Enteral Feeding Device

Oxygen Concentrator

Heart Pump

Suction Pump

Infant Apnoea Monitor – Prescribed by a Medical Practitioner following apnoeic episodes

Nebuliser – used daily

Positive Airways Pressure Device

Phototherapy Equipment

Airbed Vibrator

Electric Wheelchair

Insulin Pump

6 Medical Practitioner

Medical practitioner's family name

Medical practitioner's given name(s)

Provider number

Contact number

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Stamp

I certify that:

- the patient requires the use of the essential medical equipment indicated at question 3 or 5.

Signature of medical practitioner

Date

/ /



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