

Medical Confirmation Form



Date issued:/...../.....

WHAT YOU NEED TO DO:

1. Get the gas account holder to complete section 1 and get the person requiring the medical equipment to complete section 2.
2. Get a registered medical practitioner to complete section 3 (Grey boxes).
3. Sign the form in Section 4 and return to us in the reply-paid envelope we sent you, or scan and email it to apagaslifesupport@apa.com.au before the date requested.

Section 1: Gas account holder details ('Customer')

MIRN:

This can be found on your gas bill

Surname:

First name:

Property address:

Postcode:

Telephone number:

Mobile number:

Email (if applicable):

Section 2: Person requiring life support equipment at the supply address ('Patient')

The date from which the customer requires supply of gas at the premises for the purposes of the life support equipment:/...../.....

Is the customer detailed above also the patient? Yes ☐ No ☐

If no, please provide the patient's details below.

If there is more than one patient, please attach additional details in the following format:

Surname:

First name:

Property address:

Postcode:

Telephone number:

Mobile number:

Section 3: Medical Confirmation (*This section must be completed by a Registered Medical Practitioner*)

Registered Medical Practitioner name:

Address:

Contact number:

Stamp (if available):

Medical registration number:

Medical Confirmation Form



Medical Practitioner Declaration:

I certify that _____ (name of person who requires the life support equipment) has a medical condition and require life support equipment at the address specified on this form which requires continuous access to a **gas** supply from the date _____

The required life support equipment is (please tick):

- | | |
|---|---|
| ☐ An oxygen concentrator | ☐ A chronic positive airways pressure respirator |
| ☐ An intermittent peritoneal dialysis machine | ☐ Crigler najjar syndrome phototherapy equipment |
| ☐ A kidney dialysis machine | ☐ A ventilator for life support |
| ☐ Any other* equipment that is required for a person residing at the customer's premises for life support, (please detail) _____ | |

Signature of Registered Medical Partitioner: _____

Date: _____

Section 4: Declaration by customer

I hereby declare that:

1. All information provided on this form is, to the best of my knowledge and belief, true, accurate and not misleading.
2. I will notify Australian Gas Network if life support equipment is no longer required at the supply address.
3. I will notify Australian Gas Network of any changes to the contact details specified on the form.
4. I consent to Australian Gas Network providing information to the gas retailer and relevant government agencies for purposes related to this life support equipment application.
5. I acknowledge that registering for life support equipment does not guarantee supply and in particular the gas supply will still be subject to interruptions due to storms, accidents or other circumstances beyond Australian Gas Networks' control.

Signature of Customer: _____

Date: _____

**Please return the completed Medical Confirmation Form to
Australian Gas Network before: / /**

IMPORTANT INFORMATION

- The completion and return of the form to Australian Gas Network will satisfy the requirement to provide medical confirmation under the National Energy Retail Rules.
- If you require an extension of time to complete and return the Medical Confirmation Form, please contact us on 1300 001 001 to arrange.
- If you fail to provide the Medical Confirmation Form within the required timeframe, your premises may be deregistered.

PRIVACY NOTICE

By completing and returning this form to us, you consent and agree to Australian Gas Networks' collecting, managing and disclosing the personal information you have provided to us in accordance with the Privacy Act 1988 (Cth) and our Privacy Policy (as amended from time to time). Our Privacy Policy and detailed privacy statements are available at <https://www.australiangasnetworks.com.au/privacy-policy>. Please contact us to request a paper copy.

* Importantly, the definition of life support equipment includes a category for 'other', being any equipment that a registered medical practitioner considers is essential for their patient. 'Other' life support equipment may include, but not limited to, the followings:

- | | |
|--|---|
| • external heart pumps | • hot water |
| • respirators (iron lung) | • nebulizer, humidifiers or vaporizers |
| • suction pumps (respiratory or gastric) | • apnoea monitors |
| • feeding pumps (kangaroo pump, or total parenteral nutrition) | • medically required heating and air conditioning |
| • insulin pumps | • medically required refrigeration |
| • airbed vibrator | • powered wheelchair |