

Life Support Concession

Embedded Network Electricity Customer

Medical Practitioner Certification Form

The life support concession provides financial support to eligible embedded network electricity customers who use an approved life support device/s or who live with someone who uses such a device.

To check if you are eligible please read the program guidelines before continuing with this form - servicetas.fyi/EmbeddedNetworks

Who should complete this form

If you, or someone in your household, uses an approved life support device in your principal place of residence and are an embedded network electricity customer you and the treating medical practitioner should complete this form.

Where do I send my completed concession form?

You need to include this completed form with your online application form or lodge it with your hard copy application form at any Service Tasmania service centre. To find your local service centre visit the Service Tasmania website - servicetas.fyi/ServiceCentres

Privacy statement

The Department of Premier and Cabinet, represented by Service Tasmania, and the State Revenue Office are collecting this personal information for the sole purpose of assessing your eligibility for an electricity concession. The information collected on this form is deemed personal information for the purposes of the *Personal Information Protection Act 2004*. Without this information, your application for the concession will not be able to proceed. You are able to request access to the personal information held about you, and to request it be corrected if necessary, by contacting your electricity retailer. Please contact the State Revenue Office on (03) 6166 4400 with any questions about this statement.

Electricity account holder's details

First name/s	Surname
Residential address	
Suburb/Town	Postcode
Postal address (if different from above)	
Suburb/Town	Postcode
Home phone	Mobile

Embedded Network Owner Details (shown on your electricity bill)

Name:			
Address:			
<p>Applicant declaration and authorisation statement</p> <p>I understand that:</p> <ul style="list-style-type: none"> It is my responsibility to ensure that all the information provided in this application is, to the best of my knowledge, true and correct and I will notify Service Tasmania of any changes to my information. I will submit an Embedded Network Electricity Concession Application Form with this certification form along with evidence to validate my eligibility. It is a criminal offence under the <i>Crimes Act 1900</i> to provide false or misleading information. 			
Signature	Date	/	/

Medical practitioner to complete this section

Medical practitioner's details

Practitioner's full name:

Position:

AHPRA no:

Clinic/practice where patient reviewed:

Phone no:

Patient's details

Patient's full name:

Patient's residential address:

Suburb/Town:

Postcode:

Eligible life supporting devices

- | | |
|--|---|
| <p><input type="checkbox"/> Oxygen concentrator</p> <p><input type="checkbox"/> Chronic Positive pressure and airways regulator (CPPAR)</p> <p><input type="checkbox"/> Continuous positive airways pressure machine (CPAP)</p> <p><input type="checkbox"/> Combination oxygen concentrator chronic positive pressure and airways regulator</p> <p><input type="checkbox"/> Peritoneal machine</p> | <p><input type="checkbox"/> Respirator (Iron lung)</p> <p><input type="checkbox"/> Phototherapy machine</p> <p><input type="checkbox"/> Left ventricular assist device</p> <p><input type="checkbox"/> Nebuliser machine (mains powered only)</p> <p><input type="checkbox"/> Haemodialysis machine</p> |
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Medical practitioner certification

I certify that I am a registered medical practitioner as per the *Health Practitioner Regulation National Law Act 2009* and declare that this patient suffers from a condition that requires the use of one or more devices as indicated above for **life supporting purposes** at their primary place of residence.

Signature

Date

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