



Medical Cooling or Heating Concession

Embedded Network Electricity Customer Medical Certification Form

Lodging your form

This form must be certified by a registered medical specialist or general practitioner who has been treating the applicant, or person living with the applicant, for an eligible medical condition for a minimum of three (3) months.

This form must be lodged with your online application form or, if you are completing a hard copy application form, at a Service Tasmania service centre.

Information for applicants

The Tasmanian Government provides a daily discount to electricity account holders who have, or live with a person who has, a serious medical condition that requires the use of electricity to cool or heat their homes. This assistance is provided for a period of four years, after which eligibility is required to be reviewed.

The Medical Cooling or Heating Concession is provided to assist eligible persons with the increased costs incurred from the frequent use of cooling or heating in order to assist the person to **regulate body temperature to prevent their condition becoming significantly worse** due to the impact of cold or hot weather, rather than to make them more comfortable.

For the purposes of this concession, a person has an inability to self-regulate body temperature where the person has been assessed by a registered treating medical practitioner (who is not the applicant) who has been treating them for at least three months, in relation to the condition for which the applicant is seeking the concession, as meeting:

- one of the core medical conditions; or
- meeting one of the primary qualifying conditions and one of the secondary qualifying conditions.

To be eligible for the concession, applicants must meet the eligibility criteria set out below.

Eligibility for the concession

The applicant must:

- be a resident of Tasmania;
- be the electricity account holder;
- reside at the address on the application form, which must be the applicant's principal place of residence that requires cooling or heating in order to manage their medical condition;
- hold a current Pensioner Concession Card (issued by Centrelink or Department of Veterans' Affairs) or a current Health Care Card (issued by Centrelink);
- have or live with a person who has a qualifying medical condition that requires cooling or heating to stop their symptoms becoming significantly worse; and
- provide certification from their medical specialist or general practitioner that the medical condition is significantly worsened by extremes in cold or hot temperatures.

Qualifying medical conditions

To be eligible for the concession, the person residing at the residence must:

- have a medical condition with evidence-based association with the deterioration of this condition in temperature extremes; and
- have experienced worsening of their symptoms with temperature change.

To be eligible for the concession, the patient's medical specialist or general practitioner must certify that the patient is suffering from one of the following core medical conditions **OR** meets at least one primary **AND** one secondary qualifying condition (shown on the next page).

Core medical conditions:

- Multiple Sclerosis
- Lymphoedema
- Parkinson's Disease
- Fibromyalgia
- Motor Neurone Disease
- Post Polio Syndrome / Poliomyelitis
- Scleroderma
- Systemic Lupus Erythematosus
- Complex Regional Pain Syndrome

OR

Primary qualifying conditions:

- Autoimmune system dysfunction (medical conditions in which the autoimmune system has been damaged, such as severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).
- Loss of skin integrity or loss of sweating capacity, such as significant burns greater than 20 per cent, severe inflammatory skin conditions and some rare forms of disordered sweating.
- Objective reduction of physiological functioning at extremes of environmental temperatures.
- Hypersensitivity to extremes of environmental temperatures leading to increased pain or other discomfort or an increased risk of complications, such as advanced peripheral vascular disease.

Secondary qualifying conditions:

- Severe immobility, such as occurs with quadriplegia or high level paraplegia, resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control.
- Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure due to the effects of extremes of temperature.
- Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.

Renewal of concession eligibility

Applicants are required to submit a new medical practitioner certification form every four years to continue to be eligible for this concession, subject to the continuation of this program, Applicants will also need to confirm their concession card status and living arrangements in order to remain eligible for the concession.

Change of circumstances

Concession recipients must notify the department immediately of any changes to their address or eligibility to receive the concession.

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 Service Tasmania

Should you have any questions about this statement, contact the State Revenue Office on (03) 6166 4400 or 1800 001 388 (for Tasmanian-based callers outside the '62' area).

Applicant to complete

Electricity account holder's details

First Name	
Last Name	
Residential address	
Suburb/Town	
Postal address (if different from above)	
Suburb/Town	
Phone number	

Embedded Network Owner Details (as listed on bill)

Embedded Network Owner	
Address	

Patient details

First Name	
Last Name	
Residential address	
Suburb/Town	

Please ensure that your medical practitioner completes the certification on the following page.
Failure to complete all necessary sections of the form may delay the processing of your application.

Registered medical specialist or general practitioner to complete

Medical practitioner's certification

A. Medical practitioner's details

Last name	
First name	
Position	
AHPRA Number	
Name of patient	
Address of patient	
Practice where patient treated	
Telephone number	

B. Medical practitioner certification

I certify that this patient suffers from an inability to self-regulate body temperature. I have been treating this patient for at least three months in relation to the condition for which the applicant is seeking the concessions and they meet one of the core medical conditions (Part C) **OR** they meet at least one primary qualifying condition (Part D) **AND** one secondary qualifying condition (Part E).

Signature	
Date	

Please complete the qualifying medical conditions on the following page.

Medical practitioner's certification continued.

C. Core medical conditions

- | | | | |
|--------------------------|--------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Multiple Sclerosis | <input type="checkbox"/> | Motor Neuron Disease |
| <input type="checkbox"/> | Lymphoedema | <input type="checkbox"/> | Post Polio Syndrome/Poliomyelitis |
| <input type="checkbox"/> | Parkinson's Disease | <input type="checkbox"/> | Scleroderma |
| <input type="checkbox"/> | Fibromyalgia | <input type="checkbox"/> | Systemic Lupus |
| <input type="checkbox"/> | Complex Regional Pain Syndrome | | |

OR

D. Primary medical conditions

- Autoimmune system dysfunction (medical conditions in which the autoimmune system has been damaged, such as severe spinal cord injury, stroke, brain injury and neurodegenerative disorders).
- Loss of skin integrity or loss of sweating capacity, such as significant burns greater than 20 per cent, severe inflammatory skin conditions and some rare forms of disordered sweating.
- Objective reduction of physiological functioning at extremes of environmental temperatures.
- Hypersensitivity to extremes of environmental temperatures leading to increased pain or other discomfort or an increased risk of complications, such as advanced peripheral vascular disease.

AND

E. Secondary medical conditions

- Severe immobility, such as occurs with Quadriplegia or high level paraplegia, resulting in problems with self-regulation of body temperature due to loss of sympathetic nervous system control.
- Demonstrated significant loss of autonomic regulation of sweating, heart rate or blood pressure due to the effects of extremes of temperature.
- Demonstrated loss of physiological function or significant aggravation of clinical condition at extremes of environmental temperature.

F. Is life support the reason for the use of the Medical Cooling or Heating device?

- Yes No

Applicant to complete

Applicant declaration, authorisation and consent

I, _____ declare that:
(name of signatory)

- All the particulars on this application form are, to the best of my knowledge, true and correct.
- The electricity supply address for my electricity account is the primary place of residence for the person that has an inability to self-regulate body temperature (if patient is different from electricity account holder).
- I currently hold one of the eligible concession cards as noted in my application form I am submitting with this medical certification form.
- I will notify Service Tasmania in writing if the patient ceases to reside with me or if my circumstances change.

Signature

Date
