

Issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Medical Confirmation Form

## For life support equipment registration

### Completion instructions

The 'Medical Confirmation Form' is designed to capture the information required to provide a protected electricity supply to customers with life support equipment in accordance with the National Energy Retail Rules. Please ensure that the form is fully completed, contains the correct information and has any required medical certificates attached.

#### Account details

Please complete the below with the electricity account holder's details.

Customer name: \_\_\_\_\_ NMI (can be found on electricity bill): \_\_\_\_\_

Supply address: \_\_\_\_\_

Postal address (if different from above): \_\_\_\_\_

Preferred contact number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred contact method:  Postal address  Supply address  Email address  Phone

#### Contact person's details (optional)

Correspondence regarding life support equipment can be sent to another party. If this is preferred please complete the below (or leave blank if same as above).

Contact person's name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred contact method:  Postal address  Supply address  Email address  Phone

#### Equipment Used

Please tick the appropriate box to indicate the life support equipment used at the supply address.

- |   |   |
|---|---|
| <input type="checkbox"/> Oxygen Concentrator                      | <input type="checkbox"/> Chronic Positive Airways Pressure Respirator   |
| <input type="checkbox"/> Intermittent Peritoneal Dialysis Machine | <input type="checkbox"/> Crigler Njjar Syndrome Phototherapy Respirator |
| <input type="checkbox"/> Kidney Dialysis Machine                  | <input type="checkbox"/> Ventilator                                     |
| <input type="checkbox"/> Other: please provide details _____      |   |

Date life support equipment will be used from: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical Confirmation

Please tick the appropriate box:

I have attached a medical certificate or letter with the above information signed by a medical professional confirming the requirement for life support equipment, at the listed address.

I have obtained a signature from a medical professional on this form in the below section.

By signing this document I certify that the aforementioned customer requires the aforementioned life support equipment.

Medical professional name: .....

Medical professional contact number: .....

Medical professional signature: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Return details

A completed version of this form must be received by the return date listed at the top of page 1; alternatively, please contact Evoenergy to request an extension of time.

We will send reminder notices prior to the return date to ensure that the completed form is received in time. This will allow the electricity supply to remain protected.

## We're here to help

Talk to us: 13 23 86 (for General Information) or 13 10 93 (for Emergencies and Faults)

Find out more: [Evoenergy.com.au](http://Evoenergy.com.au)

Email us: [nemnetwork@evoenergy.com.au](mailto:nemnetwork@evoenergy.com.au)