Medical Confirmation Form

For registering your life support

DATE: 29/07/2020

Return application via:

PO Box R241
ROYAL EXCHANGE, NSW 1225,

support@covau.com.au

IMPORTANT: Please submit this completed form to us within 20 days of the issue date at the top of this form using details below

To register your life support equipment with CovaU, you need to:

- Fill in sections 1 and 2 and make sure the account holder reads, signs and dates the declaration in section 2.
- Ask your medical practitioner or hospital to complete section 3 and ensure they also sign and date this section

1. LIFE SUPPORT PATIENT'S DETAILS

First Name: Last Name:

Address: Suburb:

State: Postcode: Date life support required:

2. ACCOUNT HOLDER DETAILS AND DECLARATION *(Account holder to complete)*

Name: Account Number:

This account must be for the supply address provided in section 1 to be eligible to register life support equipment. You can find your account number on your bill.

By submitting this form, you confirm that:

- You have full legal authority and am eligible to register Life Support equipment for the supply address specified on this application form.
- All information provided in this application is to the best of my knowledge and understanding, true and accurate.
- The address provided above is the primary place of residence for the listed person who required Life Support equipment.
- You understand and consent to CovaU providing the information on this form to my relevant network distributor and any other relevant government agencies for the purposes related to the Life Support equipment and protection.
- You will advise CovaU immediately if the listed person who requires the Life Support equipment has vacated the above address or is no longer requires the Life Support equipment.
- You understand that you must submit a completed government Life Support rebate form so that CovaU can verify your eligibility to receive Life Support rebate and apply it to your account.
- You understand that the planned and/or unplanned interruption to energy supply at the above address may occur and it is your responsibility to have a pre-arranged action plan ready in case of the interruptions.
- You understand that you will be deregistered and precluded from the Life Support protection if you cannot complete and return this form to CovaU before the submission deadline.

Account holder signature: Date:

3. HOSPITAL/ MEDICAL PRACTITIONER'S STATEMENT *(Medical Practitioner to complete)*

I certify that the below life support machine is/will be installed at the patient's home at the address shown in section 1 of this form.

This machine requires the use of:

Electricity: Gas: *(You must select a fuel type)*

continue, next page

3. HOSPITAL/ MEDICAL PRACTITIONER'S STATEMENT *(Medical Practitioner to complete)* *continue*

It is your responsibility to ensure that this information is accurate and matches the correct equipment type below. Please flag the applicable life support equipment from the table below:

	EQUIPMENT	QUALIFICATION
☐	Positive Airways Pressure (PAP) Devices (PT)	Machine is used less than 24hrs/day
☐	Positive Airways Pressure (PAP) Device (FT)	Machine is used 24hrs/day
☐	Enteral feeding pump	--
☐	Ventilators (formerly known as 'respirator' or 'iron lung')	Does not include humidifiers or vaporisers
☐	Oxygen concentrators (PT)	Machine is used less than 24hrs/day
☐	Oxygen concentrators (FT)	Machine is used 24hrs/day
☐	Total Parental Nutrition (TPN) pump	--
☐	Intermittent Peritoneal Dialysis Machine	--
☐	Kidney Dialysis Machine	--
☐	Phototherapy Equipment	Crigler Najjar Syndrome
☐	Power Wheelchair	Does not include mobility scooters

Other (please specify):

Name: Job Title:

Medical/Provider No.: Phone:

Hospital/ Clinic/ Practice:

Address: Suburb:

State: Postcode:

Medical Practitioner Signature: Date:

Need more time?

Please give us a call on 1300 689 866 if you need more time to complete this form.

To avoid any delays in processing, please check that ALL section of the form have been completed before returning it to us. Completing and returning this form to us satisfies the regulatory requirements we have for providing medical confirmation.