ABN: 46 008 700 981

1300 632 483
Newman Electricity Billing
Customer Service Centre
PO Box 3122
NEWSTEAD QLD 4006
NewmanElectricity@agilitycis.com

TTY: phone 133 677 and ask for 1300 632 483
Interpreter Services: 13 14 50

Application for Life Support Rebate

BHP Billiton Iron Ore provides a Life Support Rebate to eligible electricity customers. To be eligible for the rebate, the declaration must be completed by a certified medical practitioner.

Section 1: Applicant details

Title (Mr/Mrs/Ms) _____ First name _____ Surname _____

Phone Number* (H) _____ Mobile _____

Email: _____ _____

Customer Account number (if known) _____

Home Address (where life support equipment is being used)

Lot/Location number: _____ Street Number: _____ Street Name _____

Mailing address (if different from above)

Postal address: _____ _____

Town/suburb: _____ Postcode _____

Is the home -based life support equipment for your use? **Yes / No**

(If YES, please proceed to Section 2: Practitioner details, otherwise complete Patient details below)

Patient details

Title (Mr/Mrs/Ms) _____ First name _____ Surname _____

Relationship to you _____

Section 2: Practitioner details

A Specialist, General Practitioner or nursing professional must complete all details in this section.

Practitioner name _____

Hospital (where applicable) _____

Provider no _____

Life support equipment list

Please tick item(s) prescribed:

- ☐ Ventilator (VPAP or BPAP only)
- ☐ Oxygen concentrator standard capacity (adult)
- ☐ Oxygen concentrator high capacity
- ☐ Oxygen concentrator (child only)*
- ☐ Feeding pump
- ☐ Suction pump
- ☐ Machine assisted peritoneal dialysis equipment
- ☐ Apnoea monitor (child only)*
- ☐ Heart pump
- ☐ Nebuliser (child only – used everyday)*
- ☐ Other _____

NB. P lease ensure a declaration is submitted with the application that specifies the type of life support equipment being used in the premises

*A child = under the age of 16 years

Medical Practitioner declaration

I _____ (Full name of Medical Practitioner) certify that I have prescribed the following life support equipment for:

Name (of patient on life support equipment at home) _____

Signature (of Medical Practitioner) _____

Phone _____ Date _____ _____

Section 3: Applicant authorisation and declaration

I hereby declare that:

- I will notify BHP Billiton Iron Ore in writing of any changes that affect either the validity of this application or my entitlement to the Life Support Rebate.
- All particulars on this form are, to the best of my knowledge and belief, true and accurate.
- I will notify BHP Billiton Iron Ore if I move into a new premises and require life support.
- I give consent for BHP Billiton Iron Ore to provide information to third parties that provide life support assistance.

Signature (applicant/ carer) ____ _____ **Date** _____

Return the completed application form to:

Newman Electricity Billing
Customer Service Centre
PO Box 3122
NewmanElectricity@agilitycis.com