

12 June 2019



Medical Confirmation Form

For registering your life support equipment



We understand that some of our customers rely on the continual supply of power to their homes for life support systems. So, we work with our network distributors to make sure that customers who have registered their life support equipment with us are given advance written notification about planned outages in their areas.

To register your life support equipment with Origin, 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.
- Return the form to us within 20 days of the issue date at the top of this form. Scan and email your completed form to lifesupport@originenergy.com.au or send it to Origin Energy, Reply Paid 1199, Adelaide SA 5001.

1. Life support patient's details

First name	<input type="text"/>	Surname	<input type="text"/>	Phone	<input type="text"/>
Unit	<input type="text"/>	Street no.	<input type="text"/>	Street	<input type="text"/>
				Suburb	<input type="text"/>
State	<input type="text"/>	Postcode	<input type="text"/>	Date life support required from	<input type="text" value="DD MM YYYY"/>

2. Account holder details and declaration (Account holder to complete)

Name	<input type="text"/>	Account no.	<input type="text"/>
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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:

- All information provided in this application is, to the best of your knowledge, true and correct and you have complied with all applicable laws and obtained all necessary consents to provide this.
- The address provided is the primary place of residence for the listed patient.
- You will advise Origin immediately if your circumstances change, and that change may impact the validity of the information in this form; including where life support equipment is no longer required.
- You understand that you will need to complete a new medical confirmation form if you leave your existing address listed above.
- You understand that Origin will need to provide details from this form to the relevant network distributor.
- You understand that Origin cannot guarantee that the energy supply at your address will never be interrupted and that unplanned outages may occur without any warning.
- You understand that it's your responsibility to have a pre-arranged action plan ready in the event that your energy supply is interrupted – for both emergency situations and where you are informed (by us or the distributor) in advance of any planned outages that may impact your supply.
- You understand that if you are in Victoria or NSW, you must also submit a completed government form so that we can check if you're eligible for a concession or rebate and apply this to your account.
- By completing and returning this form to us, you consent and agree to Origin collecting, managing and disclosing the personal information you have provided to us in accordance with the Privacy Act 1988 (Cth) and our Privacy Policy (as amended from time to time). Our Privacy Policy and detailed privacy statements are available at originenergy.com.au/privacy. Please contact us to request a paper copy.

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 ☐ Natural gas ☐ (You must select a fuel type)

We will rely on your selection above to flag the fuel type required for the life support equipment. Therefore, it is your responsibility to ensure that this information is accurate and matches the correct equipment type below.

Please select the applicable life support equipment from the table below:

Equipment type	Qualification
<input type="checkbox"/> Positive Airways Pressure (PAP) Devices (PT)	Machine is used less than 24hrs/day
<input type="checkbox"/> Positive Airways Pressure (PAP) Device (FT)	Machine is used 24hrs/day
<input type="checkbox"/> Enteral feeding pump	-
<input type="checkbox"/> Ventilators (formerly known as 'respirator' or 'iron lung')	Does not include humidifiers or vaporisers
<input type="checkbox"/> Oxygen concentrators (PT)	Machine is used less than 24hrs/day
<input type="checkbox"/> Oxygen concentrators (FT)	Machine is used 24hrs/day
<input type="checkbox"/> Total Parental Nutrition (TPN) pump	-
<input type="checkbox"/> Intermittent Peritoneal Dialysis Machine	-
<input type="checkbox"/> Kidney Dialysis Machine	-
<input type="checkbox"/> Phototherapy Equipment	Crigler Najjar Syndrome
<input type="checkbox"/> Power Wheelchair	Does not include mobility scooters
<input type="checkbox"/> Other (please specify):	

Name		Job title	
Medical/provider no.		Phone	
Hospital/Clinic/Practice			
Street no.		Street	
Suburb		State	
		Postcode	
Medical Practitioner signature			Date DD MM YYYY

Need more time?

[Reset form](#)

If you need more time to complete this form, you can request a one-off extension by contacting us on **13 24 61**.

Please check that **all** sections of the form have been completed before returning it to us to avoid any delays in processing. Completing and returning this form to us satisfies the regulatory requirements we have for providing medical confirmation.