

1300 GO NEXT (1300 46 6398) @ info@nextbusinessenergy.com.au

**Head Office – Melbourne** Level 26, IBM Centre 60 City Road Southbank VIC 3006

**Postal Address** PO Box 550 Flinders Lane VIC 8009

# **Medical Confirmation Form**

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Thic	Modica	Confirm	nation For	m ic v	ralid for

- A. Next Business Energy customers who have an account with us who requires life support at their supply address
- B. A family member of a Next Business Energy customer who has an account with us who requires life support at their supply address

#### Date of issue:

Completion and return of this form to Next Business Energy will satisfy the requirement to provide medical confirmation under the Regulations.

If you fail to provide medical confirmation, your premises may be deregistered and if so, you will cease to receive time protections under the relevant regulations.

Date this form needs to be completed and returned to Next Business Energy:

If you need additional time to complete and return this medical confirmation form, you can request an extension by contacting Next Business Energy on 1300 46 6398 or email info@nextbusinessenergy.com.au

Date which you require supply of energy at your premise for the purposes of the life support equipment: **Applicant Details** Mrs Miss Mr Other First Name Last Name **Property Address** Suburb State Postcode Home Phone Mobile Postal Address (if different from residential address) Suburb State Postcode **Email Address Electricity Account Details** Electricity Retailer - Next Business Energy Account No NMI No. (if known)

NBE-Medical-Confirmation-Form-11-2022.pdf







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Name of Patient	who uses Life Support Equipment					
Phone Mobile						
Medical P	ractitioner Details					
Practitioner First	Name	Practitioner Last Name				
Provider Number	Provider Number Name of Patient					
Address of Patier	it					
Suburb		State	Postcode			
Name of Place w	here the Patient was Reviewed: (Hospital/clinic/practice)					
Phone Number of	f the Place where the Patient was Reviewed: (Hospital/clinic	Phone Number of the Place where the Patient was Reviewed: (Hospital/clinic/practice)				
		,				
Approved	Life Support Equipment Prescri	·				
Approved Please Tick [	Life Support Equipment Prescri	·				
		·				
	/] Equipment	bed for the Patient				
	/] Equipment an oxygen concentrator	bed for the Patient				
	an oxygen concentrator an intermittent peritoneal dialysis machine	bed for the Patient				
	an oxygen concentrator an intermittent peritoneal dialysis machine a kidney dialysis machine	bed for the Patient				
	an oxygen concentrator an intermittent peritoneal dialysis machine a kidney dialysis machine a chronic positive airways pressure respire	bed for the Patient				
	an oxygen concentrator an intermittent peritoneal dialysis machine a kidney dialysis machine a chronic positive airways pressure respira	bed for the Patient  tor  pment	a person residing at the			
	an oxygen concentrator an intermittent peritoneal dialysis machine a kidney dialysis machine a chronic positive airways pressure respire crigler najjar syndrome phototherapy equi a ventilator for life support any other equipment that a registered mee	bed for the Patient  tor  pment	a person residing at the			







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### **Consent and Acknowledgement**

I consent and acknowledge the below:

#### **Emergencies**

For any emergencies, please contact your Electricity Distributor on the details highlighted below:

Australian Capital Territory	New South Wales	Victoria
Evoenergy \$\mathcal{L}\$ 131 093	Ausgrid \$\ \( \) 131 388	AusNet Services
ActewAGL \$\mathcal{L}\$ 131 493	Endeavour Energy \$\mathbb{L}\$ 131 003	Citipower \$\mathbb{L}\$ 131 280
Queensland  Energex	Essential Energy  \$\mathbb{L}\$ 132 080	Powercor \$\mathcal{L}\$ 132 412
<b>1</b> 36 262 <b>Ergon</b>	South Australia SA Power Networks	United Energy \$\mathbb{L}\$ 132 099
<b>C</b> 136 296	<b>(</b> 131 366	Jemena \$ 1300 131 871

#### Next Business Energy Emergency Contact No. 🕻 1300 180 899

#### Planned outages

Your distributor will notify you of any planned outages to your premises. Planned outages may occur, for example, to carry out maintenance or upgrade works, and you will receive four business days' notice of any planned outages from your distributor.

There may be Next Business Energy planned interruptions to the supply at the address and you will receive four business days' written notice of any planned outages from Next Business Energy.

#### **Unplanned outages**

Unplanned outages are rare, but can happen due to circumstances beyond our control. We recommend an emergency plan for such times which includes:

- Access to a telephone to dial 000 in the case of threats to life or health
- Placing your distributors number somewhere easily accessible
- A plan to stay with friends or relatives during any outage.
- Having a hard copy list that has the number for doctors the nearest hospital and someone who can help you.
- Having access to a fully charged emergency mobile phone and torch.

#### Changes to my circumstances

Please let us know if there are any changes to your need for life support or if you are moving premises.

If you decided to change retailers at your premise and a person residing at your premise continues to require life support equipment, you will need to advise your new retailer of the requirement for life support equipment.

#### Rebates

Rebates are available for life support equipment for residential customers, and these differ from state to state. Once we have received confirmation from your registered medical practitioner, we will ensure that all rebates are applied to your account. If required, we may send you further forms to be completed.

For more information on rebates, visit www.nextbusinessenergy.com.au/customer-support-services

Further information can be found at www.nextbusinessenergy.com.au/life-support





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	A	pp	licant	Dec	aratio	n and	Autho	risation
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- · All particulars provided 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 patient (if patient is different from the applicant/Next Business Energy account holder).
- I understand that to ensure priority of supply for the life support machine, Next Business Energy will need to provide my application details to the relevant electricity distributor.
- · I will notify Next Business Energy in writing if my circumstances change including the validity of this application or my entitlements to the Life Support Rebate.

Applicant Name (please print)	
Applicant Signature	Date

Medical Practitioner Declaration  I certify the above patient requires the use of the selected life support equipment.	
Signature of Medical Practitioner	Date

### Where do I send my completed form?

Complete forms can be sent to Next Business Energy via the following methods:

Email: info@nextbusinessenergy.com.au

Fax: 03 8535 2550

Mail: Next Business Energy

Melbourne Office PO Box 550

Flinders Lane VIC 8009



