

Application for Life Support Registration



1. Horizon Power Account Holder and/or Applicant Details:

Please complete in BLOCK CAPITALS

Horizon Power Account Number: _____

Name: (as it appears on your electricity bill) _____

First Name: _____ Title: (Mr/Mrs/Ms) _____

Surname: _____ Date of birth: ____ / ____ / ____

Supply Address: Unit No: _____ Building/House No: _____

Street Name: _____

Suburb: _____ Postcode: _____

Phone:(home) _____ Mobile No: _____

Postal Address (if different to above): _____

Email (if applicable): _____

2. Patient Details - Person requiring life support at the supply address:

Is the applicant detailed also the patient? Yes No

If no, please fill out the patient details below (if different to above)

First Name: _____ Title: (Mr/Mrs/Ms) _____

Surname: _____ Date of birth: ____ / ____ / ____

Relationship to applicant (ie: guardian, primary caregiver) _____

3. Medical Authorisation - Practitioner Details:

This section MUST be completed by one of the following (please indicate):

- Specialist Medical Practitioner or Practitioner working in a specialist department of a Hospital; OR
- Hospice Doctor

OR, in areas outside the Perth Metropolitan Area:

- Doctor/General Practitioner, if he/she also works on an occasional basis from a local hospital/rural health service.

Medical Practitioner Name: _____ Medical Registration No: _____

Name of Hospital/Hospice/Rural Health Service(as applicable): _____

Position Title: _____ Phone No: _____

Stamp (if available):

Continued over

Medical Practitioner Declaration:I (Medical Practitioner full name)affirm that the life support equipment identified below has been provided for:
(name of patient on life support equipment residing at the supply address specified on this application.)

I consent to Horizon Power contacting me concerning the patient and/or this certification.

Please complete all fields in the table below:

Specified Life Support Equipment	Yes/No	Specified Life Support Equipment	Yes/No
Ventilators - VPAP or BPAP		Apnoea Monitor (Child only)**	
Ventilator - CPAP – only when required as life support equipment*		Heart Pump	
Oxygen Concentrator (standard capacity – Adult)		Nebuliser (Child only – used every day for 1-2 hours per day)**	
Oxygen Concentrator (high capacity ‘New Life Intensity’ – Adult)		Nebuliser (Adult – adults with a tracheostomy expected to be in place for more than 6 months where nebulised therapy is required for life support purposes)	
Oxygen Concentrator (standard capacity – Child)**		Machine Assisted Peritoneal Dialysis Equipment	
Feeding Pump			
Suction Pump			

* Only CPAP machines that are clinically prescribed for severe obstructive sleep apnoea critical for life support with use for over four hours per night are eligible.

**A child is defined as being under the age of 16 years.

Signature of Medical Practitioner: Date: / / **4. Applicant (or carer) Authorisation and Declaration:**

- I will immediately notify Horizon Power in writing if life support equipment is no longer required at the supply address or of any changes that affect either the validity of this application or my entitlement to the Life Support account Identification.
- I acknowledge and agree that I will be required to renew this life support equipment application annually (without requiring production of medical certification unless requested).
- All information provided on this life support equipment application is, to the best of my knowledge and belief, accurate, true and not misleading.
- I consent to Horizon Power providing information concerning me, the patient and/or this application to the relevant government agencies for purposes related to this life support equipment application.
- I acknowledge that life support equipment applications which are misleading or contain misrepresentations or fraudulent statements or claims will be referred to the relevant authority for appropriate action.

Signature of Applicant (or carer): Date: / / **Return the complete application form to Horizon Power:**By mail: GPO Box P1145, Perth WA 6844
Facsimile: 1800 420 998

For further information:

Website: www.horizonpower.com.au
Telephone: 1800 267 926
Email: enquiries@horizonpower-reply.com.au
Hours: 8.00am to 5.00pm, Monday to Friday

For more information regarding the Life Support Equipment Electricity Subsidy

By mail: Office of State Revenue, GPO Box T1600, Perth WA 6845
Facsimile: (08) 9262 1597
Email: lifesupport@dtf.wa.gov.au
Telephone: (08) 9262 1373
Hours: 8.00am to 5.00pm, Monday to Friday
Website: www.osr.wa.gov.au**Office Use Only**NMI: Meter No: