

Notes for medical practitioners

Essential Medical Equipment Payment

medical confirmation (SA449)

When to use this form

This medical confirmation form is not a claim for Essential Medical Equipment Payment. Use this form as part of the medical assessment for Essential Medical Equipment Payment.

How will a person qualify for an Essential Medical Equipment Payment

To qualify under the essential medical equipment criteria, to cover the additional costs of running essential medical equipment, the person must meet the following:

- the piece of equipment is essential to manage the person's condition, and
- the person has been advised by the medical practitioner to use the equipment at home.

For a list of specified medical equipment, see question 5.

To qualify under the medically required heating or cooling criteria, the medical practitioner must confirm the person with medical needs meets all of the following:

- has a specified medical condition
- is unable to regulate their body temperature because of that medical condition
- medically requires heating or cooling in their home, and
- without medically required heating or cooling, the person risks serious harm to their health.

Note to medical practitioners: Consider whether the person would risk serious harm to their health without medically required heating or cooling if they are unable to regulate their body temperature.

For the list of specified medical conditions, see question 4.

This payment is available in addition to any existing state and territory government schemes. Details of any state and territory government schemes are available from the relevant state and territory governments.

How will medical practitioners provide the relevant certification

Medical practitioners will be required to complete and sign the medical confirmation.

The form requests the medical practitioner to:

- confirm the information provided is true and correct
- agree to speak with Services Australia about the claim, if required.

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Important information

This medical confirmation form (SA449) **is not a claim for** Essential Medical Equipment Payment. You will need to **submit a claim** either online by going to our website servicessaustralia.gov.au/emep or completing a paper claim form.

Returning this form

Return this form with or after you claim:

- **online** using your Centrelink online account. For more information, go to servicessaustralia.gov.au/centrelinkuploaddocs
- by post to
Services Australia
Essential Medical Equipment Payment
PO Box 7825
CANBERRA BC ACT 2610
- in person at one of our service centres.

1 Patient details

Centrelink Reference Number (if known)

Name

Mr Mrs Miss Ms Mx Other

Family name

First given name

Second given name

Date of birth (DD MM YYYY)

2 Claimant's details (if different from above)

Centrelink Reference Number (if known)

Full name

Date of birth (DD MM YYYY)

The following information is to be completed by the medical practitioner.

3 Read this before answering the following questions.

The following information is about the patient who is named at question 1, and forms part of a claim for the Essential Medical Equipment Payment.

Does the patient who is named at question 1 have a specified medical condition that results in the inability to regulate their body temperature and medically require heating or cooling in their home because of this condition?

No **Go to 5**
Yes **Go to next question**

4 What condition does this patient have that causes the inability to regulate their body temperature?

Tick all that apply

- Spinal cord injury at or above the T7 level
- Stroke
- Brain injury
- A neurodegenerative disorder
- The muscular dystrophies
- Full thickness burns covering more than 20% of the body surface area
- Rare disorders of sweating including congenital absence or mal-development of sweat glands
- Chronic erythrodermas

5 What essential medical equipment does this patient use?

Tick all that apply

- Home Dialysis Machine
- Home Ventilator
- Home Respirator
- Home Parenteral or Enteral Feeding Device
- Oxygen Concentrator
- Heart Pump
- Suction Pump
- Infant Apnoea Monitor – Prescribed by a medical practitioner following apnoeic episodes
- Nebuliser – used daily
- Positive Airways Pressure Device
- Phototherapy Equipment
- Airbed Vibrator
- Electric Wheelchair
- Insulin Pump

6 What condition does this patient have that causes them to use essential medical equipment?

7 Medical practitioner

Make sure you have read the **Privacy and your personal information** on page 1.

Medical practitioner's family name

Medical practitioner's given name(s)

Provider number

Contact number (including area code)

Stamp

I certify that:

- the patient needs medically required heating/cooling and/or the use of the essential medical equipment as indicated at question 4 and/or 5.

Signature of medical practitioner

Date (DD MM YYYY)



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