

Instructions for the patient

You only need to get this form completed by your doctor if you:

- are claiming Disability Support Pension (DSP), and
- do not have medical evidence showing the diagnosis and prognosis of your condition.

1 If you do not have medical evidence to support your claim, contact your doctor and make an appointment to have this form completed.

Make sure the doctor and their receptionist know that you will need this form completed, as a long consultation may be needed. If your doctor does not bulk bill, your consultation fee may be more than usual because of the extra time taken to complete the form.

2 Attend the appointment with your doctor.

3 When your doctor has completed this form, return it with your claim and other supporting documentation.

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 so we can process and manage your applications and payments, and provide services to you. 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 servicesaustralia.gov.au/privacypolicy

Returning this form

Return this form and any supporting documents:

- **online** using your Centrelink online account.
For more information, go to servicesaustralia.gov.au/centrelinkuploaddocs
- by post to
Services Australia
Disability Services
PO Box 7806
CANBERRA BC ACT 2610
- in person at one of our service centres.

Information for the doctor

Use of this form is optional – a person claiming DSP for a terminal illness is not required to return this form to us.

The information you provide may help us better understand your patient's circumstances and allow us to assess their claim more quickly.

For more information about how to help with your patient's claim, go to servicesaustralia.gov.au/hpdp

Medical evidence

Provide any current medical evidence you have showing your patient's diagnosis and prognosis with this form.

Medical evidence should indicate:

- that the patient's current medical condition is chronic and debilitating with a prognosis that the condition is terminal, and
- the average life expectancy of a patient with this condition is less than 2 years.

Clarification of medical information

Our assessors may contact you to clarify or confirm the information you provide. We do not require your patient's consent to make this contact as social security law enables us to make relevant and necessary enquiries to establish a patient's eligibility for DSP.

To support any required contact with their treating health professionals, your patient has the option to complete a **Consent to disclose medical information (SA472)** form. We will show this form to you if you ask for confirmation that your patient has consented for you to disclose their medical information to us.

Reimbursement for services

If a medical practitioner assists with gathering medical evidence and it forms part of a clinical consultation where examination of the patient is required, the usual Medicare consultation fee can be applied. A medical practitioner may also request a payment if a health or allied health professional engaged by us contacts to discuss the medical evidence for a patient's DSP claim or medical review. You can talk to the assessor who contacts you about this.

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Verification of terminal illness (SA495)

Patient's details

Family name

Given name(s)

Home address

Postcode

Date of birth
(DD MM YYYY)

Customer Reference Number
(if known)

1 Diagnosis

2 For more information about general DSP eligibility and medical evidence requirements, go to servicesaustralia.gov.au/hpdsp

Is the average life expectancy of a person with this condition less than 2 years?

No ☐

Yes ☐ Provide details to support your patient's anticipated life expectancy.



Provide any current medical evidence you have showing your patient's diagnosis and prognosis.

3 Is there any information in this report which, if released to the patient, might be prejudicial to their physical or mental health?

No ☐ Go to next question

Yes ☐ Give details below

Once completed, you can return this report directly to **Services Australia, Disability Services, Reply Paid 7806, CANBERRA BC ACT 2610.**

4 Details of doctor completing this form

Doctor's name
(printed)

Professional
qualifications

Provider no.

Surgery/Medical
Centre/ Hospital name

Address

Postcode

Signature



Phone number
(including area code)

Date
(DD MM YYYY)



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