



# Clean Energy Household Assistance Package Essential Medical Equipment Medical Confirmation Form

The purpose of the Essential Medical Equipment Payment (EMEP) is to cover the additional costs of running essential medical equipment (EME) that will arise from the introduction of a carbon price.

The EMEP 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.

**1. Patient's name (user of the essential medical equipment)**

Title

Mr  Mrs  Miss  Ms  Other

Surname

Given name(s)

Date of birth

 /  / 

DVA file number or CRN (if applicable)

**The following information is to be completed by the Medical Practitioner**

The following information is about the person who is **named above**, as part of a claim for the Essential Medical Equipment Payment (EMEP).

**2. What essential medical equipment does the person named above require?**

Please tick 'yes' or 'no' for each.

Home Parenteral or Enteral Feeding Device	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Ventilator	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Dialysis Machine	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Respirator	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Oxygen Concentrator	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Heart Pump	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Suction Pump	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Infant Apnoea Monitor - prescribed by a medical practitioner following apnoeic episodes	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Nebuliser - used daily	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Positive Airways Pressure Device	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Phototherapy Equipment	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Airbed Vibrator	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Insulin Pump	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Electric Wheelchair	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**3. Does the patient suffer from an inability to regulate body temperature and medically require additional heating/cooling in their home because of this condition?**

No  ► Go to question 5

Yes



**4. What condition does this person have that causes the inability to regulate body temperature?**

Please tick condition(s) which apply.

Without the use of medically required heating and/or cooling the patient will risk serious harm to his/her health.

- 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 per cent of the body surface area
- Rare disorders of sweating including congenital absence or mal-development of sweat glands
- Chronic erythrodermas

**Medical Practitioner details**

**5. Medical practitioner's name**

Please PRINT

Prescriber stamp (if applicable)

**7. Provider number**

**8. Contact number**

**I certify that the patient requires the use of the essential medical equipment or medically required heating and/or cooling as indicated.**

**9. Signature of medical practitioner**

Date

**NOTE:** The **claimant** must submit this Medical Confirmation form with the completed EMEP Application form to DVA at the address below:

**Mail to: EMEP Claims Processing  
Department of Veterans' Affairs  
GPO Box 9998  
(in your capital city)**

## Additional information for Medical Practitioners

### Purpose of this payment

The purpose of the Essential Medical Equipment Payment (EMEP) is to cover the additional costs of running essential medical equipment, or medically required heating/cooling, that arise from the introduction of a carbon price on 1 July 2012. The EMEP is available in addition to any existing State and Territory Government schemes.

### What will the Practitioner be certifying?

Where a person is claiming an EMEP in respect of a piece of essential medical equipment that appears on the eligible essential medical equipment list, the Medical Practitioner will be certifying that:

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

### How will a person qualify for an EMEP as a result of an inability to regulate body temperature?

For the purpose of the EMEP, an inability to regulate body temperature is defined as significant loss of a person's capacity to control body temperature when exposed to extremes of environmental temperatures. In determining whether a person has an inability to regulate body temperature consideration should be given to whether the person would risk serious harm to his or her health without medically required heating and/or cooling. To qualify for the EMEP in respect of medically required heating/cooling, an applicant must meet the following criteria:

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

The specified medical conditions are as follows:

- spinal cord injury at or above the T7 level; or
- stroke; or
- brain injury; or
- the muscular dystrophies; or
- a neurodegenerative disorder; or
- full thickness burns covering more than 20 per cent of the body surface area; or
- rare disorders of sweating including congenital absence or mal-development of sweat glands; or
- chronic erythrodermas.

### Where required, how will Medical Practitioners provide the relevant certification?

Medical Practitioners will be requested to provide the relevant certification by completing and signing the Medical Confirmation form attached to these notes. The equipment list requires the Medical Practitioner to tick '**yes**' or '**no**' for each piece of equipment used or not used. The list of qualifying conditions for medically required heating/cooling uses a tick box format.

The form requests the Medical Practitioner to:

- confirm that the information is true and correct;
- agree to speak with the Department of Veterans' Affairs about the claim, if required.