

Medical Confirmation Form



Date of issue

Use this form to provide medical confirmation and ensure your account is registered for life support with us and your distributor. We'll disclose your personal information (including health information) to your distributor and field vendors to manage your life support registration. If you don't provide us with the information in this form we may deregister your premises as requiring life support equipment, and you'll lose the protections available to life support customers.

If your electricity or gas is supplied by another provider, please ensure they are aware of your Life Support requirements. Arcline by RACV is responsible only for the energy type you have chosen to supply through us.

You must send your completed form to us by:

Please send either by

Email: support@energy.arcline.com.au

Mail: PO Box 626, Collins Street West VIC 8007

Should you require an extension to return a completed medical confirmation call please contact us at support@energy.arcline.com.au or 1800 884 849 and our team will be happy to assist.

I have life support equipment in my premises and I wish to have the residence registered as life support dependent at this address. I agree to inform Arcline by RACV if the person for whom the life support equipment is required vacates the premises or no longer requires the life support equipment.

I acknowledge these conditions and certify any information given below is true and correct

Returning your completed form will satisfy your requirement to provide medical confirmation under the relevant rules and regulations and maintain life support registration at your premise.

1. Details

First Name

Last Name

Arcline Account Number

Phone number

Email

Service address where equipment is located

Address

Suburb

State

Postcode

Date you require energy supply for the purposes of life support equipment

2. Life Support Equipment

Energy supply required for life support equipment

Electricity

Gas

Electricity
& Gas

If you have both electricity and gas with us, we'll ensure both are flagged for life support.

I, or a member of my household, make use of the following life support equipment:

Chronic positive airways
pressure respirator/devices

Intermittent peritoneal dialysis
machine

Oxygen concentrator

Ventilator for life support

Kidney dialysis machine

Crigler Najjar syndrome
phototherapy equipment

If you live in Victoria please visit energy.arcline.com.au/life-support to see what other equipment is covered.

Other equipment fuelled by electricity or gas,
certified by a medical practitioner (please detail):

3. Medical Practitioner Confirmation

I, (Doctor)

hereby certify that a person residing at the above address requires the life support equipment indicated above.

Provider number:

Number of medical practice/hospital
where patient was reviewed

Phone number of medical practice/
hospital:

Signature and
stamp of medical
practitioner:

Date

4. Customer Confirmation

I,

certify that the details given above are true and correct and declare that I am responsible for the accounts at the service address where life support equipment is installed.

Signature of customer:

Our privacy policy is available at energy.arcline.com.au/privacy. It explains how we use and disclose your information, your rights to access your information and any third parties we exchange information with.