

Medical confirmation form

for registering your life support equipment



Use this form to notify Jacana Energy if your property requires uninterrupted electricity supply to operate life support equipment.

To register your life support equipment you need to:

1. Fill in sections 1, 2 and 3 and make sure the account holder reads, signs and dates the declaration in section 3
2. Ask your medical practitioner to complete section 4
3. Call 1800 522 262 to tell us that life support equipment is used at your premises
4. Return this form to us within 15 business days. Scan and email your completed form to customercare@jacanaenergy.com.au or send it to Jacana Energy, GPO Box 1785, Darwin NT 0801.

1. Life support patient's details

Title	First Name	Last Name
Phone	Date life support equipment is required from	
	/ /	
Life support equipment service address (site)		

A new Medical Confirmation Form will need to be completed if the patient moves to a different service address from the one listed in this section.

2. Life support emergency contact details

Title	First Name	Last Name
Postal address		
Phone primary	Email address	
Phone secondary	Preferred contact method	
	☐ Phone ☐ Email ☐ Postal ☐ Service address (site)	

3. Accounts holder details and declaration (Account holder to complete)

Account number (if known)		
Service address (site)		
Title	First Name	Last Name

This account must be for the service address (site) provided in section 1 to be eligible to register life support equipment.

By submitting this form, you confirm that:

- All information on this application form is to your knowledge true and accurate.
- The address provided is the primary residence of the life support patient.
- You are responsible for having a suitable prearranged action plan in place in the event that your energy supply is interrupted, both in an emergency situation and where notified in advance by the network provider.
- You will advise Jacana Energy immediately if your circumstances change and if life support equipment is no longer required at the service address listed above.
- You understand that Jacana Energy will need to provide details from this form to the network provider.
- You consent to Jacana Energy's use, holding and disclosure of your personal information in accordance with our Privacy Policy, available at www.jacanaenergy.com.au/privacy.

Account holder signature	Date
	/ /

continued on next page

4. Medical practitioner's statement (Medical practitioner to complete)

I certify that the below life support equipment is/will be installed at the patient's home at the address shown in section 1 of this form.

Please select the applicable life support equipment below:

☐

Oxygen concentrator

☐

Intermittent peritoneal dialysis machine

☐

Kidney dialysis machine

☐

Chronic positive airways pressure respirator

☐

Crigler-Najjar syndrome phototherapy equipment

☐

Ventilator for life support

☐

Other (Please specify)

Medical/Provider number

Name

Job title

Phone

Hospital/clinic/practice

Postal address

Medical Practitioner signature

Date

Please check that all sections of this form have been completed before returning it to us to avoid any delays. Completing and returning this form to us satisfies the requirements we have for registering life support equipment under the regulations of the NT Electricity Retail Supply Code (ERSC).

Failure to provide this form may result in your service address being deregistered.

If you need more time to fill out this form you can request a one-off extension by contacting us on 1800 JACANA (1800 522 262) or by email at customercare@jacanaenergy.com.au.