



Queensland Government Medical Aids Subsidy Scheme
Queensland Health

Palliative Confirmation Extension
Palliative Care Equipment Program

(Affix identification label here)

Family name:

Given name(s):

Date of birth: Gender: M F I

Medical Aids Subsidy Scheme (MASS) staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

MASS administers the MASS Palliative Care Equipment Program (PCEP) on behalf of the Department of Health. This program provides Assistive Technology to eligible applicants with a palliative condition in their end stage of life.

This form is for existing PCEP applicants to request an extension past the initial six (6) months funding for daily living aids, mobility aids, continence aids and home oxygen.

Applicant Details	
Name	Date of Birth
Address	
Suburb / town	Post code
Email	Telephone

Palliative Care Specialist –
A Doctor who is an AHPRA designated Palliative Medicine Specialist/Physician.

Name	Title
Organisation	
Organisation Address	
Suburb/Town	Post code
Email	Telephone
<input type="checkbox"/> As the applicant's Palliative Care Specialist/Physician, I confirm that I have completed an assessment with the applicant or been consulted by the treating health professional regarding their applicant's prognosis. <input type="checkbox"/> I acknowledge that the applicant is currently receiving assistance through PCEP for supply/loan of assistive technology, which is up to 6 months, and an extension for the supply/loan over 6 months is now required.	
Signature	Date

I have determined the applicant's likely prognosis to be:

1 – 3 months 4-5 months over 6 months*

*if a prognosis is over 6 months (12 months in total) please request that the PCEP prescriber contact the appropriate MASS clinical advisor or service area to discuss funding options for long term assistive technology for the applicant.

Provide clinical justification for the extension

For instructions on how to submit this form to the appropriate MASS service area, please refer to the [PCEP Guidelines](#).

Upload to MASS-eApply or Submit completed form to a MASS Service Centre

Email: MASS-PCEP@health.qld.gov.au **PO Box 281, Cannon Hill Qld 4170** **Telephone: 07 3136 3545**

DO NOT WRITE IN THIS BINDING MARGIN

