

# Applicant Information Sheet for MASS 46 Adult Oxygen: Annual Re-application Review

Applicants should retain this section for their records

## Eligibility

Administrative eligibility is dependent upon the applicant being a permanent Queensland resident. The applicant must hold one of the following eligibility cards – in the name of the applicant:

- Centrelink Pensioner Concession Card
- Centrelink Health Care Card
- Centrelink Confirmation of Concession Card Entitlement Form (conditions apply)
- Department of Veterans' Affairs (DVA) Pensioner Concession Card (conditions apply)
- Queensland Government Seniors Card

Please provide a **copy of both sides of the eligibility card, OR signed consent to access Centrelink information** on the *MASS 84 Proxy Access to Centrelink Information Form*.

Clinical eligibility will be determined by the Medical Aids Subsidy Scheme (MASS) Clinical Advisor based on information provided by the MASS designated prescriber as detailed in the MASS General Guidelines.

Domiciliary oxygen is not provided by MASS for hospital inpatients, residents of Commonwealth funded care facilities, Home Care Package Level 1 to Level 4 recipients and for applicants who are current smokers.

## How to Apply

MASS operates through a prescriber model in that MASS designated prescribers, in consultation with the applicant, submit an application (on behalf of the applicant) to MASS for consideration for funding assistance.

The MASS designated prescriber completes the application form in accordance with the General and Oxygen sections of the MASS General Guidelines.

MASS designated oxygen prescribers are:

- Thoracic Physicians
- Specialist General Physicians
- Oncologists
- General Practitioners
- Palliative Care Physicians
- Respiratory Nurse Practitioners
- Neurologists
- Cardiologists
- Nurse Practitioners working in Heart Failure

## Applicant Acknowledgement

- I confirm that:**
- 1** I have been provided with information by my prescribing medical specialist regarding the safety aspects associated with the use of domiciliary oxygen.
  - 2** I am aware oxygen can be a dangerous fire hazard if used in the vicinity of naked flames.
  - 3** I am a non-smoker and I will not allow others to smoke near my oxygen equipment.
  - 4** I will use the oxygen as explained to me by my prescribing medical specialist.

- I acknowledge that**
- 5** the equipment subsidised by MASS always remains the property of the oxygen supplier.
  - 6** repairs must only be carried out by the oxygen supplier.
  - 7** I am responsible for loss of and / or damage of the oxygen equipment.
  - 8** the oxygen and oxygen equipment will only be used for the purpose for which it was prescribed.

**Applicant Acknowledgement cont.**

- 9 MASS takes no responsibility for any injuries sustained through the use of the oxygen and oxygen equipment subsidised by MASS.
- 10 MASS will no longer be financially responsible for the oxygen equipment when any of the following occur:
  - I am advised by my prescribing medical practitioner that I am no longer clinically eligible to be provided with oxygen through MASS.
  - I am no longer eligible for a Pensioner Concession Card or Health Care Card.
  - I no longer reside in the state of Queensland.
  - I have moved into a Commonwealth funded aged care facility.
  - I do not return the MASS renewal application form by the due date.

**I agree to:**

- 11 immediately contact the oxygen supplier if there is any problem with the oxygen equipment.
- 12 immediately contact MASS or my local Community Health Centre to organise return of the oxygen equipment when it is no longer required. I understand that this must then be followed by confirmation from my doctor in writing.
- 13 inform MASS within 14 days of any change in my residential address or eligibility for MASS subsidy e.g. if I am no longer eligible for a Health Care Card.
- 14 keep in good order the oxygen equipment subsidised by MASS.
- 15 promptly answer any enquiries made by MASS in relation to my need for continued use of oxygen and related oxygen equipment.
- 16 (concentrator users only) check with my oxygen supplier for instructions and advice if I decide to power my concentrator with a generator. I understand that generators require a minimum set of specifications for powering concentrators and this may vary between machines.

**MASS Privacy Statement**

**YOUR PRIVACY:** The Queensland Health, Medical Aids Subsidy Scheme (MASS) is collecting administrative, demographic and clinical data as part of the MASS application processes, in accordance with the *Information Privacy Act 2009* and *Hospital and Health Boards Act 2011*, in order to assess the applicant's eligibility for funding assistance for the supply of aids and equipment.

The information will only be accessed by Queensland Health officers. Some of this information may be given to the applicant's carer or guardian; other government departments who provide associated services; the prescribing health professional for further clinical management purposes; and to those parties (e.g. community care, commercial suppliers and repairers) requiring the information for the purpose of providing aids, equipment and services.

Your information will not be given to any other person or organisation except where required by law.



**MASS 46  
Adult Oxygen:  
Application Re-application**

This form is used for annual domiciliary oxygen re-applications

(Affix identification label here if available)

Family name:

Given name(s):

Date of birth:

Sex: M F I

**PART A** To be completed by the applicant / carer

**Applicant's Personal Details**

**1 Name**

Title	Family name
Given name(s)	

**2 Date of birth**

**Sex**

Male Intersex  
Female or Other

**3 Permanent residential address**

Suburb	Postcode
Telephone	Fax
Mobile	
Email	

**4 Delivery address** Same as residential address

Suburb	Postcode

**5 Postal address** Same as delivery address (for correspondence)

Suburb	Postcode

**6 Is the applicant receiving a Home Care package?** Yes No

NOTE: If the applicant is receiving a Home Care Package, they will not be eligible for oxygen MASS funding.

**7 Is the applicant a resident in a Commonwealth funded care facility?** Yes No

NOTE: If the applicant is a resident in a Commonwealth funded care facility, they will not be eligible for oxygen MASS funding.

**8 Does the applicant receive a Department of Veterans' Affairs benefit?** Yes No

**9 Does the applicant receive other assistance?** (e.g. Dept of Communities / Disabilities, Palliative Care services) Yes No

If yes, name

**Service Improvement Activities**

**10 I agree to participate in MASS service improvement activities (including internal audits and surveys).**

Yes No

At any time agreement can be withdrawn by contacting MASS. There will be no effect to service provision by MASS if consent is withdrawn.

**Carer or Alternative Contact Person**

**11 Name**

Title	Family name
Given name	

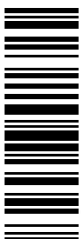
**12 Contact information**

Telephone
Mobile
Email

**13 Relationship to applicant**

**14 Postal address**

Suburb	Postcode





(Affix identification label here if available)

**MASS 46  
Adult Oxygen:  
Annual Re-Application**

Family name:

Given name(s):

Date of birth:

Sex: M F I

**Alternate Contact Persons**

**15 Alternate Contact Persons**

I consent to MASS, Queensland Health approaching my personal contacts should the need arise.

The names and addresses of two (2) personal contacts who are aware that their names have been provided to MASS, **who do not reside with the applicant** and who will always be aware of the applicant's address are:

**Personal contact 1**

**Personal contact 2**

Name in full		
Relationship to applicant		
Residential address		
Telephone		
Mobile		
Email		

**Applicant Acknowledgement**

**16 I am a non-smoker and I will not allow others to smoke near my oxygen equipment.**

**17 I agree to accept the conditions stated in the *Applicant Information Sheet*.**

**18 I acknowledge that my information listed in this application is current and correct.**

**19 Applicant / Carer signature**

Print name

Date

**PART B To be completed by the prescriber**

**Clinical Assessment**

**1 Is the applicant a current smoker?** Yes No

**2 Select from the following:**

i) Ongoing oxygen therapy is required and prescription remains unchanged  
(Please complete Prescriber Details over page, items 7–12)

ii) Ongoing oxygen therapy is required with a change in prescription  
\* Specialist endorsement required. Please complete endorsement details over page or attach letter from Specialist. If Specialist endorsement unable to be obtained, refer client to Specialist for completion of a new MASS45

Provide prescription changes endorsed by Specialist:

iii) Oxygen therapy is no longer clinically required  
\* Specialist endorsement required. Please complete details over page or attach letter from Specialist.



**Queensland**  
Government

Medical Aids Subsidy Scheme  
(MASS) Queensland Health

**MASS 46**

**Adult Oxygen:  
Annual Re-Application**

(Affix identification label here if available)

Family name:

Given name(s):

Date of birth:

Sex: M F I

**Specialist Endorsement (if applicable)**

**Prescriber Details**

**3 Specialist name**

Family name
Given name

**4 Profession**

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**5 Facility**

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**6 Contact Details**

Office Phone
Mobile
Email

**7 Prescriber name**

Family name
Given name

**8 Profession**

Medical Specialist (state specialty)

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or other (indicate GP, RMO)

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**9 Registration Current?** Yes No

**10 Facility**

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**11 Contact Details**

Office Phone
Mobile
Email

**12 Signature**

I certify that the information contained in this application is in accordance with the *MASS General Guidelines and Application Guidelines for Oxygen*.

Date

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**Please post, fax or email completed applications to MASS**

**Brisbane**

Medical Aids Subsidy Scheme  
PO Box 281, Cannon Hill Qld 4170  
Telephone: 07 3136 3510 / 1300 443 570 (press option 2)  
Fax: 07 3136 3500  
Email: [mass184@health.qld.gov.au](mailto:mass184@health.qld.gov.au)  
Website: [www.health.qld.gov.au/mass](http://www.health.qld.gov.au/mass)