

# New look MASS-eApply

Medical Aids Subsidy Scheme

15 January 2026

# Form Vault – new feel

**Communication Aids**  
Start

**Continence Application**  
Start

**Cystic Fibrosis**  
Start

**Daily Living Aids and Mobility Equipment**  
Start

**HME and Laryngectomy Consumables**  
Start

**Lymphoedema Compression Garments**  
Start

**Form Vault**  
22 forms

Search...

C

C Communication Aids

C Continence Aids

C Cystic Fibrosis

D

D Daily Living and Mobility Aids

D Daily Living and Mobility Aids Short Form

E

E Equipment Modifications/Accessories

H

**Communication Aids**

? Applicants wishing to apply to MASS for Communication Aids must consult an Speech Pathologist (SP) For applications for Speech Generating Devices requiring specialised accessories, an Occupational Therapist (OT) must be consulted.

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
- Department of Veterans' Affairs (DVA) Pension Concession Card (conditions apply)
- Queensland Government Seniors Card

Clinical eligibility will be determined by the Medical Aids Subsidy Scheme (MASS) Clinical Advisor based on information provided by the prescribing therapist as required in the MASS General Guidelines

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

- Access the Artificial Larynges Guidelines
- Access the Communication Software Guidelines
- Access the Speech Generating Device Guidelines
- Access the Voice Amplification Device Guidelines

Launch this form

# Option to Change Appearance



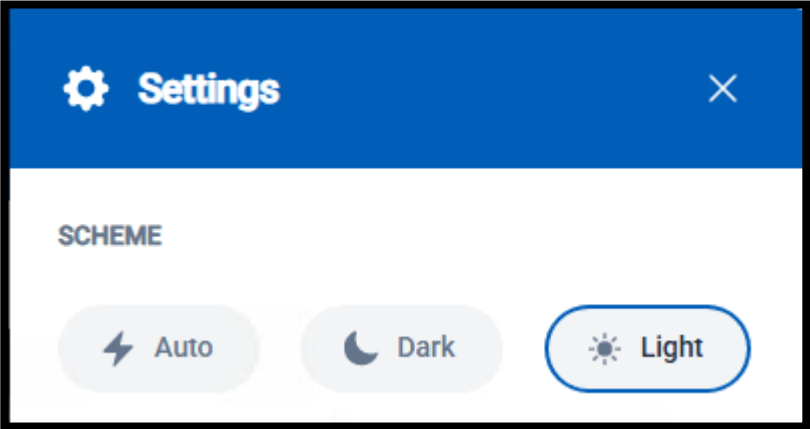
Queensland Government

Dashboard  
Your application overview

Form Vault  
Search the forms library

My Account  
Manage your account

Settings icon (circled in yellow)



Settings

SCHEME

Auto

Dark

Light

## Before Completing This Form

### Prescriber Notices

Applications not submitted within 90 days of the creation date will be deleted from the system.

## Collection Notice- Privacy Statement

The Queensland Health and Metro South Hospital and Health Service (MSHHS), via the Medical Aids Subsidy Scheme (MASS) collects and uses your personal information including your administrative, demographic, and health information as part of the MASS application process to assess your eligibility for funding assistance and delivery funded items to your home. All information is collected in accordance with the Information Privacy Act 2009 (Qld) and Hospital and Health Boards Act 2011 (Qld). It is important that you have fully read and understood this document before you provide your consent.

MSHHS will collect the following personal information:

- First name, surname, date of birth and demographic information
- Telephone number/s
- Residential and delivery addresses
- Concession card details
- Details of other support funding received
- Contact details of nominated contact person/s
- Information related to your health condition/disability necessitating the supply of aids/equipment.

Not providing requested information may result in your application for aids/equipment being rejected or the approval of the aids/equipment being delayed while the required information is collected. Your personal information will be securely stored and only accessible by authorised employees of Queensland Health/MSHHS. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at <http://www.health.qld.gov.au/global/privacy>.

Your personal information may be shared with others directly involved in the provision of MASS services, including:

- The health professionals completing your application for their records of the selection of the most suitable aids/equipment for your needs
- The supplier of the requested aids and equipment to arrange purchase and delivery to your home
- Other person/s nominated as a contact person on your application if required to act on your behalf
- Other Hospital and Health Services when your application is related to discharge from a hospital.

Our contracted service providers also observe strict personal information management requirements. To provide services in a timely manner, the most appropriate communication method will be used to share your information including telephone, email, secure data transfer and post. Your information will not be disclosed to other

# Changes to Dashboard

'Assigned to me' has been changed to 'My applications in progress'

## My applications in progress

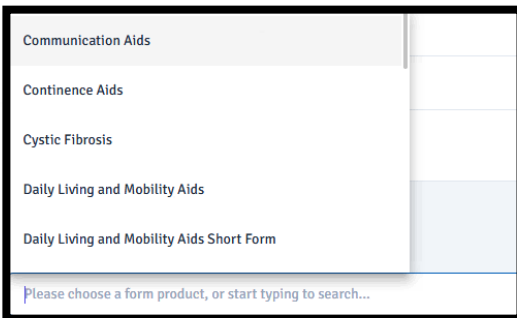
These are saved applications that are in progress, or assigned to you for review.

'Available products' has been changed to 'Advanced applicant search'

## Advanced application search

Please choose a form product, or start typing to search...

The Advanced applicant search has a drop-down menu. Click to make your selection.



Communication Aids

Continence Aids

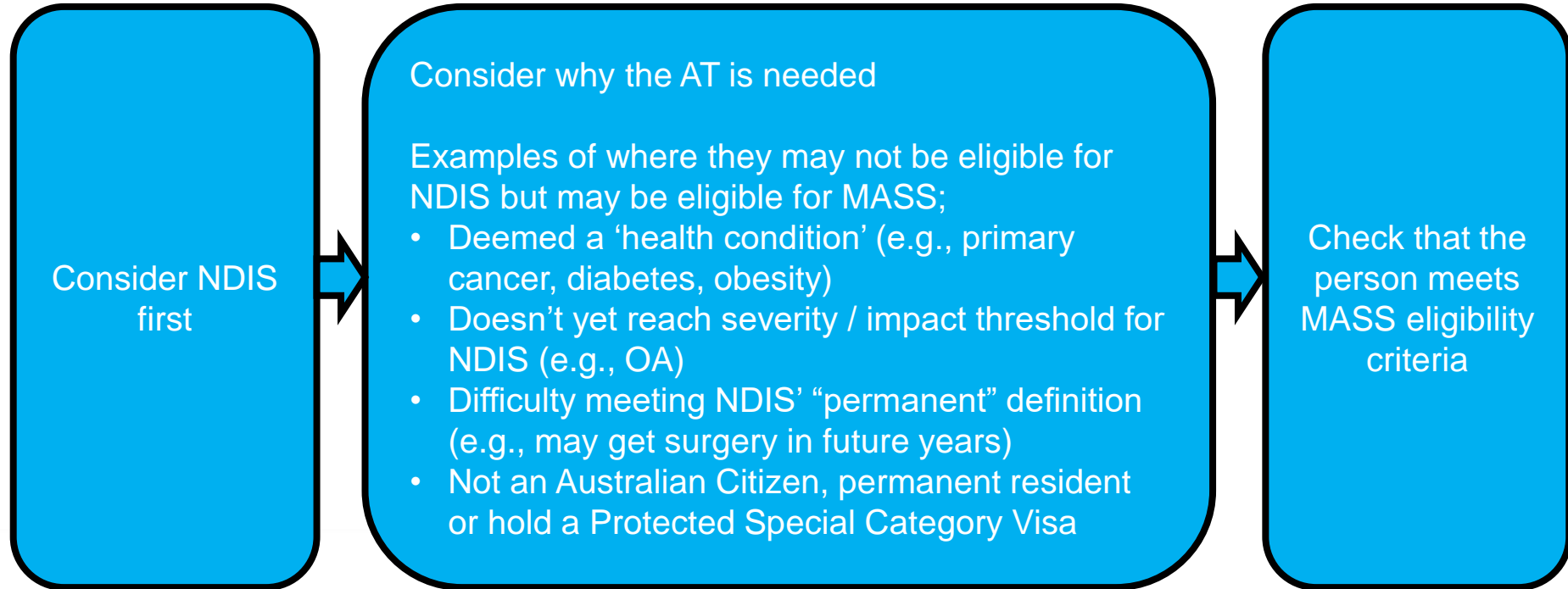
Cystic Fibrosis

Daily Living and Mobility Aids

Daily Living and Mobility Aids Short Form

Please choose a form product, or start typing to search...

# MASS or NDIS for Under 65s



*Please provide as many details as possible re your application to MASS.*

# DLA and Mobility Aids Applications

To be asked the right questions pertaining to your application, ensure that you are in the right category/sub-category. As per the example below - Evoke 2 is a scripted manual wheelchair, rather than a basic one. The Equipment Services Product List can help guide you.

Medical Aids Subsidy Scheme (MASS) Equipment Approved Product List (Last updated: 5/11/2025)												
Supplier	Equipment Category	Equipment Group Category	Equipment Sub-Category	Product Type	Brand	Product Name	OEM Product Code	Supplier Product Code	Min weight (kg)	Safe Working Load (kg)	Primary Subsidy Y/N indicates the product cost is within subsidy	
Aidacare	Mobility Aids	Mobility Aids	Manual Wheelchair - Scripted	Manual Wheelchair	Aspire	Evoke2 - 350mm - 140kg - Silver	AWC000-RSH	MWS449500		140	Y	
Aidacare	Mobility Aids	Mobility Aids	Manual Wheelchair - Scripted	Manual Wheelchair	Aspire	Evoke2 - 400mm - 140kg - Silver	AWC002-RSH	MWS449510		140	Y	
Aidacare	Mobility Aids	Mobility Aids	Manual Wheelchair - Scripted	Manual Wheelchair	Aspire	Evoke2 - 450mm - Silver	AWC004-RSH	MWS449520		140	Y	
Aidacare	Mobility Aids	Mobility Aids	Manual Wheelchair - Scripted	Manual Wheelchair	Aspire	Evoke2 - 500mm - Silver	AWC006-RSH	MWS449530		140	Y	
Aidacare	Mobility Aids	Mobility Aids	Manual Wheelchair - Scripted	Manual Wheelchair	Aspire	Evoke2 HD - 570mm - Silver	AWC008-RSH	MWS449540		180	Y	
Aidacare	Mobility Aids	Mobility Aids	Manual Wheelchair - Scripted	Manual Wheelchair	Aspire	Evoke2 HD - 610mm - Silver	AWC009-RSH	MWS449550		180	Y	

## Equipment Services Approved Product List

# Palliative Care Equipment Program Form Queensland Health

Queensland Government Medical Aids Subsidy Scheme Queensland Health

(Affix identification label here)

**Acknowledgements and Obligations**  
Palliative Care Equipment Program

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.

**Equipment Loan Agreement and Information Sheet**

MASS Palliative Care Equipment Program (PCEP) provides loan equipment to approved eligible applicant's, to enable care in the home environment. In order for PCEP to continue providing assistance to all eligible Queenslanders at their end of life, it is important that this equipment is returned to MASS or the hire supplier when it is no longer required.

It is a mandatory requirement that the applicant provide the details of a 'nominated support person' or organisation, who will be responsible for the delivery, care of and collection of the approved loan equipment. Where the name of an organisation is provided, an authorised agent must complete this form.

**PLEASE READ AND ACKNOWLEDGE:**

- The equipment loan period is for a maximum of six (6) months. An extension request must be submitted to MASS by your therapist AT LEAST one month prior to the loan end date. Where an extension is approved, it is for an additional six (6) months. The total PCEP equipment loan period is for a maximum of twelve (12) months.
- Equipment replacement costs or hire fees will be transferred from PCEP to the applicant and/or nominated support person in the following instances:
  - The PCEP funding timeframe has ceased, and applicant has not transferred to alternate or private funding supports;
  - Loan equipment is unable to be collected by MASS or the hire supplier;
  - The loan equipment shows damage that is not due to standard wear and tear;
  - The loan equipment has been disposed of or donated to other organisations without permission from MASS or the hire supplier.

**PCEP Applicant Details – All Fields Mandatory**

Name		Date of Birth
Address		
Suburb / town	Post code	Telephone

**Applicant Nominated Support Person/Organisation – All Fields Mandatory**

Name		Relationship to Applicant
Organisation (where applicable)		
Address		
Suburb / town	Post code	Telephone
Email		Telephone

I acknowledge that I:

- Understand the terms of PCEP assistance as per the PCEP Guidelines
- Agree to the responsibilities of accepting the PCEP loan equipment for the applicant noted above
- Understand that the loan equipment must be returned to MASS or the hire supplier when no longer required.
- Agree to take over hire costs should the applicant become ineligible for PCEP assistance or pay the replacement costs for equipment that is not returned to MASS or the third party hire supplier.

Signature of nominated support person or authorised agent from organisation \_\_\_\_\_ Date \_\_\_\_\_

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

Email: [MASS-PCEP@health.qld.gov.au](mailto:MASS-PCEP@health.qld.gov.au) PO Box 281, Cannon Hill QLD 4170 Telephone: 07 3136 3545

All sections of the PCEP Acknowledgements and Obligations form need to be completed, including a signature of the nominated person. Otherwise, this could lead to delays in processing the application.

**DELIVERING**  
FOR QUEENSLAND



**Queensland**  
Government

## Medical Aids Subsidy Scheme

Home

Queensland subsidy schemes

Prescribing medical aids and equipment

Aids provided through hospital programs

Aids Provided through NDIS (Participant Information)

Repairs and maintenance

Clinical education

Client reference cards

**MASS-eApply (online applications for prescribers)**

Resources (Documents, Forms, Product Lists)

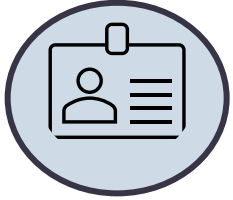
Contact us

The system is designed to work across multiple platforms: desktop computer, laptop, iPad, Android tablet or smartphone.

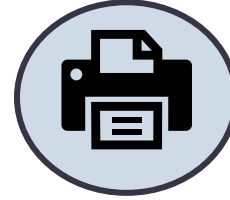
On most MASS webpages, on the left-hand column, down the bottom, there is a link to MASS-eApply.

# Benefits of Using MASS-eApply

Queensland Health

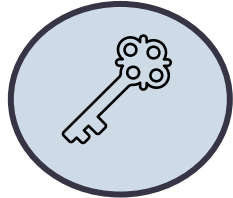


MASS administrative eligibility can be confirmed for adults with a live Centrelink database check

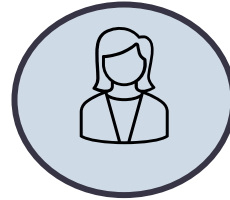


A PDF copy of the application can be saved or printed off after you submit the application

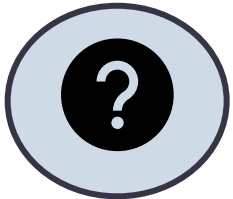
*Once you have registered as a prescriber and have completed one application:*



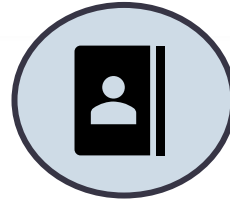
If a response is incomplete, prompts will appear requesting the information



MASS application will auto-populate prescriber information



Only relevant questions relating to the type of assistive product being applied for need to be answered



Existing MASS client data can be auto-populated into an application

# Benefits of Using MASS-eApply Cont. Queensland Health

\* Is the equipment requested on the current SOA Product List?

Yes  No

Note: Please ensure you have entered the applicant's weight in the Prescriber Assessment page before selecting the product

\* Please select from dropdown list:

Etac | 81702030 - Swift | 130kg x ▾

***MASS may request additional information regarding the suitability of the item requested for the client's weight.***

---

\* Is the equipment requested on the current SOA Product List?

Yes  No

Note: Please ensure you have entered the applicant's weight in the Prescriber Assessment page before selecting the product

\* Please select from dropdown list:

AquaCare | 1752 | 125kg x ▾

***The applicant's stated weight is greater than the maximum Safe Working Limit of the product selected. Please select another product.***

[Equipment Services Approved Product List](#)

[MASS Approved Continence Products](#)

# MASS-eApply Online Applications

[MASS-eApply  
Help and  
Support](#)

[MASS-eApply  
Registration](#)

[MASS-eApply  
Login](#)

[Info for Organisations  
and Administrators](#)

For enquiries  
and technical  
assistance  
(8am – 4pm  
weekdays):

[MASS-  
eApply@health  
.qld.gov.au](mailto:MASS-eApply@health.qld.gov.au)



[MASS Eligibility Card](#)

[MASS-eApply  
applicant search](#)

[MASS-eApply Alerts](#)

# MASS eApply Registration

Queensland Health

**Form Vault**  
2 forms

Reg

R

- R Registration - Prescribers
- R Registration - QALS, Orthoses and Medical Grade Footwear

**Registration - Prescribers**

Register as a new prescriber or organisation.

Launch this form

Prescribers register as an organisation.

If you are a sole trader or business owner, select the relevant option under 'Manager approval'.

Manager approval

Your line manager/supervisor must be aware of the creation of this organisation. Please provide their details below so MASS can contact them if required:

\*

- I am the line manager or director
- I am not the line manager or director
- I am a Solo Practitioner/business owner

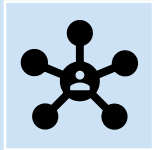
[Organisations and Organisation Administrator Support](#)

# eApply Registration – Administrator Role

Queensland Health



Teams **should be registered at the local/ward level** to remain manageable for the users, e.g. QEII Physiotherapy Department is more manageable than QEII Hospital. Only designated prescribers may submit applications using eApply.



The first person to register for a team will become the administrator. Others can be added so that there are multiple administrators per group. An administrator will approve new prescribers and maintain consistency in how people register.

[How to approve, reject or remove users in your MASS-eApply Organisation](#)

# Multiple Administrator Roles

## Registration - Prescribers

Your Organisation

Your Details

Declaration

Receipt

- Daily Living Aids
- Mobility Aids
- Continence Aids
- Communication Aids
- Spectacles
- Heat Moisture Exchangers
- Palliative Care
- Home Oxygen

ment residents only)

Michael Selwood

Sinead Eliisa Downes

Elizabeth Underwood

Alana McNabb

Zoe Otto

# MASS- eApply Registration

- **Organisations:** Organisations/private practitioners new to eApply should select 'I want to register a new organisation' to enter their organisation details.
- **Email Address:** Your email address will be used to send password resets, complete the registration process and for notifications from MASS-eApply.
- **Username:** Your username must be unique. MASS recommends using your email address as this is guaranteed to be unique.
- **Declaration:** Read and agree to the declaration by ticking the box to proceed.

The screenshot shows the 'Registration - Prescribers' form. On the left is a navigation menu with four items: 'Your Organisation', 'Your Details' (highlighted in blue), 'Declaration', and 'Receipt'. The main form area is divided into two columns. The right column contains the following fields: 'Given name \*' (text input), 'Surname \*' (text input), 'Select primary profession \*' (dropdown menu), and 'AHPRA registration number \*' (text input with a help icon). Below these is a section titled 'Login Details' which includes the instruction 'Your username must be unique.', a 'Username \*' text input field, and the text 'Please enter and confirm your email below.' at the bottom.

# Completing your Registration and Starting Out

- Once approved, you will receive an email with a hyperlink to complete your account set up by choosing a password. This hyperlink is valid for five days. Once completed, you can login and access forms.
- Select the category of forms you wish to complete, e.g. Contenance Aids

The screenshot shows the Queensland Government website's 'Form Vault' section. At the top, the Queensland Government logo and name are visible. Below the navigation bar, there are three main menu items: 'Dashboard' (Your application overview), 'Form Vault' (Search the forms library), and 'My Account' (Manage your account). The 'Form Vault' section is highlighted, showing a search bar and a list of form categories. The categories are grouped by letter: C (Communication Aids, Contenance Aids, Cystic Fibrosis) and D (Daily Living and Mobility Aids, Daily Living and Mobility Aids Short Form). The letter E (Equipment Modifications/Accessories) is also visible at the bottom of the list.

Queensland Government

Dashboard  
Your application overview

Form Vault  
Search the forms library

My Account  
Manage your account

**Form Vault**  
22 forms

Search...

C

- C Communication Aids
- C Contenance Aids
- C Cystic Fibrosis

D

- D Daily Living and Mobility Aids
- D Daily Living and Mobility Aids Short Form

E

- E Equipment Modifications/Accessories

# Starting on an Application

- Search MASS records for client details.
- The client's B number can be used, along with their surname and date of birth.

Otherwise, the following fields are required:

- Surname
  - Date of Birth
  - Concession type
- 
- Client details will then load including their address and contacts. You should verify these are correct – you can make changes as required at this point.
  - If the client is not found, you must enter all their personal details.



[MASS Client Reference Cards](#)

# 'Order Status' in Advanced applicant search Queensland Health

These are the options that you can see in 'Order Status' under 'Advanced applicant search' in the Dashboard:

- **DRAFT:** In a draft form, not submitted to MASS
- **SUBMITTED:** Acknowledges the application has been submitted to MASS
- **RECEIVED:** Received by MASS
- **RCVD CLINICIAN:** Received by MASS Clinician
- **APPROVED:** Approved by MASS
- **REJECTED:** Rejected by MASS


NB: 'Rejected' may appear because the client has not yet reached the point in time where they are eligible for more products (e.g. continence aids). An email is sent to the prescriber, asking them to reapply one (1) month prior to the renewal date. The client is also informed.

Applicant

Prescriber Details

Continence Assessment

Continence Products

**Receipt** 

## Continence Application

### Receipt

---


Your receipt number is **286116**.

**Applications cannot be amended or cancelled in MASS-eApply after submission.** To check on the progress of this application or request a change contact MASS Continence Service on 3136 3665 or MASS-ContinenceAids@health.qld.gov.au

For technical support related to MASS-eapply contact MASS-eApply@health.qld.gov.au

[Please click here to download your document](#)

---

 Close

# Saving/Printing Application at a Later Date

1. Locate application on the dashboard under 'Advanced application search'.

Continenence Application

Show Filter Pane

Order Status:  MASS reference number:  Given name(s):  Family name:

Date of birth:

States:  **282848**

Created:  Modified:

Originator:

Filter Reset

Application Id	Order Status	MASS reference number	Given name(s)	Family name	Date of birth	Created	Submitted	Originator	Assignee	Organisation
<b>B32715</b>	RCVD CLINICIAN	B32715	Mass	Stock	01/01/1953	06 Feb 2024 14:07	06 Feb 2024 15:24	First Prescriber		Medical Aids Subsidy Scheme

Further information available at: [MASS-eApply Guide](#)

Note: Unable to change an application or delete it after submitting

2. Open application and navigate to download document

Welcome

Continenence Application

Continenence Products

Exchange policy

Please note: MASS has a NO EXCHANGE policy. Any incorrect prescriptions will be directed back to the prescriber

Back Next

- Continenence Assessment
- Continenence Products**
- Receipt

Welcome

Applicant

Prescriber Details

Continenence Assessment

Continenence Products

**Receipt**

## Continenence Application

### Receipt

Your receipt number is **282848**.

**Applications cannot be amended or cancelled in MASS-eApply after submission.** Continenence Service on 3136 3665 or MASS-ContinenenceAids@health.qld.gov.au

For technical support related to MASS-eapply contact MASS-eapply@health.qld.gov.au

Please click here to download your document.

UR NUMBER : B32715  
STATUS : RECEIVED  
QUANTITY : 2  
SUPPLIER : BrightSky Australia  
EQUIPMENT : Buddies Xtra Blue Bed Pad BD1003P – BD1003P

UR NUMBER : B32715  
STATUS : RECEIVED  
QUANTITY : 5  
SUPPLIER : Independence Australia  
EQUIPMENT : Tena Men Level 2 750759 – 750759

UR NUMBER : B32715  
STATUS : RECEIVED  
QUANTITY : 4  
SUPPLIER : Independence Australia Group 4PL C/ Paul Hartmann  
EQUIPMENT : MoliCare Mobile 8 Drops L 915873 – 915873

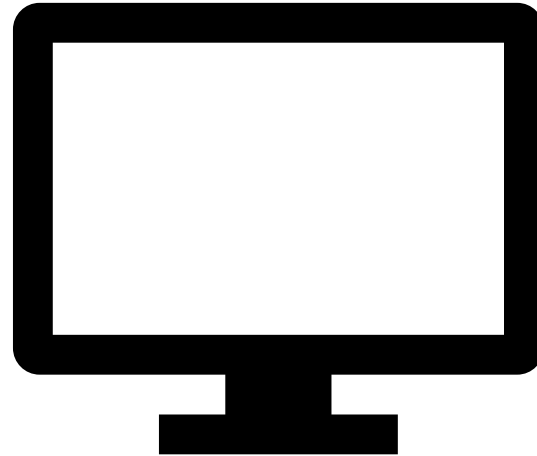
Close

# eApply Walkthroughs



- Example: Daily living & mobility aids
- Example: Continence aids
- Example: PCEP Equipment

# Screen Sharing



# Related Education

- [DLA and Mobility eApply application example](#)
- [Applying for Continence Aids using MASS-eApply, after recent upgrades to the system 2024](#)
- [Guide to MASS-eApply Online Applications for Communication Aids and HMEs 2020](#)
- [MASS Clinical Education Webinar Recordings](#)



# Contact – General Enquiries/Repairs

**Brisbane/Townsville Equipment Services (Mobility and DLA)**

**(07) 3136 3524**

**[MASS-Equipment@health.qld.gov.au](mailto:MASS-Equipment@health.qld.gov.au)**

**Palliative Care Equipment Program**

**(07) 3136 3545**

**[MASS-PCEP@health.qld.gov.au](mailto:MASS-PCEP@health.qld.gov.au)**

**Continence Services**

**(07) 3136 3665 / 1300 443 570**

**[MASS-Continence@health.qld.gov.au](mailto:MASS-Continence@health.qld.gov.au)**

**Oxygen Services (incl. HMEs)**

**Ph: (07) 3136 3510 / 1300 443 570**

**[MASS-Oxygen@health.qld.gov.au](mailto:MASS-Oxygen@health.qld.gov.au)**

**Specialised Services (for spectacles, communication aids, medical grade footwear and orthoses, palliative Care syringe drivers)**

**(07) 3136 3696 / 1300 362 276**

**[MASS-SpecialisedServices@health.qld.gov.au](mailto:MASS-SpecialisedServices@health.qld.gov.au)**

**All services – toll free**

**1300 443 570**

# Certificate of Attendance



Complete the [webinar feedback form](#) to receive a certificate of attendance.

# Thank you



[MASS-Education@health.qld.gov.au](mailto:MASS-Education@health.qld.gov.au)

[MASS-eApply@health.qld.gov.au](mailto:MASS-eApply@health.qld.gov.au)