



Queensland
Government

MASS
30
January 2021

Spectacle Supply Scheme

(This form is used by prescribing Optometrists/Ophthalmologists)

Eligibility

Eligibility is dependent upon the applicant being a permanent Queensland resident. The resident must hold for a minimum of 6 months one of the following eligibility cards/forms:

- Commonwealth Pensioner Concession Card
- Commonwealth Health Care Card
- Queensland Government Seniors Card

The eligibility card must be in the name of the applicant.

The applicant must also have a clinical need for spectacles as determined by an Optometrist / Ophthalmologist.

How to Apply

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

The participating Optometrist/Ophthalmologist completes the application form in accordance with the relevant sections in the MASS State-wide Prescriber Procedures Manual.

MASS designated prescribers are any Optometrists/Dispensing Agents/Ophthalmologists participating in the Spectacle Supply Scheme (SSS).

Applicants may also have an eye test with a non-participating Optometrist/Ophthalmologist. The non-participating Optometrist/Ophthalmologist issues a prescription on their business's prescription stationery. The applicant then takes this to a participating Dispensing Agent to complete the application.

Post, Fax or Email completed application to the Brisbane MASS Service Centre

Medical Aids Subsidy Scheme

PO Box 281, Cannon Hill QLD 4170

Telephone: 07 3136 3696 Fax: 1300 362 276

Email: sss184@health.qld.gov.au

Website: www.health.qld.gov.au/mass

Applicants should retain both this page and Part A for their records

Part A - Applicant Acknowledgement – to be retained by the Applicant

1. I confirm that:
 - I have undergone clinical investigation prior to this application being submitted to MASS.
 - I have actively participated in the selection of the spectacles and they are suitable for my needs.
 - The information provided to the prescriber is accurate and reflects my current health condition.
 - I have been instructed on the use of the prescribed spectacles.
2. I acknowledge that:
 - The features and options of the spectacles have been fully explained as well as possible alternatives that may be available to me through MASS.
 - MASS is unable to exchange requested spectacles once ordered from the supplier.
 - The use of own frames is at my own risk. MASS will not take responsibility for frames that are lost in the process of being sent from the dispensing agent.
 - MASS requires up to one month to process my application, however if further information is required by MASS regarding the application this processing period may be exceeded.
 - I have been informed of MASS policy regarding repair of broken/damaged spectacles.
 - I have been advised that my eligibility for ongoing MASS assistance is subject to the outcome of clinical review by an Optometrist/Ophthalmologist.
3. I agree to:
 - Inform MASS within 14 days of any change in my residential address or eligibility for MASS funding subsidy e.g. no longer eligible for a health care card.

MASS Privacy Statement

YOUR PRIVACY: The Queensland Health, Medical Aids Subsidy Scheme (MASS) collects 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 your 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. commercial suppliers, community care 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.

Part B - Applicant's Personal Details

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____	Surname: _____
Given Name/s: _____	
Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/> (Please tick)
Applicant's Permanent Residential Address: _____	
Suburb/Town: _____	Postcode: _____
Telephone: _____	Mobile: _____
Email: _____	
Applicant's Postal Address (if different from above): _____	
Suburb/Town: _____	Postcode: _____
Has the applicant received spectacles previously from MASS	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, month and year) _____ / _____
Does the applicant identify with Aboriginal descent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the applicant identify with Torres Strait Islander descent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country of Birth: _____	Language spoken at home: _____

Please complete details of your eligibility card, which **must be in your own name** (please tick one)

Pensioner Concession Card <input type="checkbox"/>	Health Care Card <input type="checkbox"/>	Queensland Seniors Card <input type="checkbox"/>
Please ensure Centrelink Client Consent form is completed - not required for QLD Seniors Card (Card must be held for a minimum of six months, unless Applicant has refugee status, and sighted by Dispensing Agent staff)		
Card No: _____	Issue Date: _____ / _____ / _____	Expiry Date: _____ / _____ / _____
Dispensing Agent initials: _____	Refugee Status: Yes <input type="checkbox"/> If yes, confirmation of visa is required	

Carer details

Title: _____	Surname: _____	Given Name/s: _____
Relationship to Applicant: _____	Telephone: _____	
Postal Address (if different from above): _____		
Suburb/Town: _____	Postcode: _____	

Service Improvement Activities

Your consent to service improvement activities means that you will be giving MASS your permission to access your health information to improve the care MASS provides to all clients. These activities will allow MASS to determine if the service is meeting people's needs and the service is complying with standards of practice.

At any time you can withdraw your agreement by contacting the MASS Quality Systems Coordinator on 3136 3696. There will be no effect on service provision by MASS if you withdraw your consent.

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

Yes No

I agree to accept the conditions stated in Part A of this application. I acknowledge that all my information listed in this application is correct.

Signature of Applicant/Carer: _____ Date: _____

Please post, fax or email completed applications to the Brisbane MASS Service Centre:

Medical Aids Subsidy Scheme
PO Box 281, Cannon Hill QLD 4170
Telephone: 07 3136 3696

Fax: 1300 362 276
Email: sss184@health.qld.gov.au
Website: www.health.qld.gov.au/mass

Applicant's full name:

DOB: / /

Part C - Clinical Assessment – Spectacle Prescription

Complete if spectacles are to be posted to Applicant:

Applicant's Address:

Street:

City:

Post Code:

New application Urgent Resend

1 Single vision spectacles

Distance

Near/reading

2 Bifocals

Round segment

D segment

3 Trifocals

D segment

4 Special/high powered single vision

(Issued on clinical need only)

Distance

Near/reading

5 Lens material

CR 39

6 Frame

Plastic

Metal

Own: Plastic Metal

(Own frames sent to Essilor after approval from SSS)

7 Optional Extras To Be Added To Order

(if no clinical need, applicant pays Dispensing Agent directly)

Funded (clinical need only) Unfunded

Tint

Colour _____

Percent _____

UV Guard

Anti-reflective Coating

Transitions

Other (please describe in full) _____

Changes to a client's eyesight for spectacles

Adults

Change in hypermetropic or astigmatic refractive error of greater than or equal to 1.0 Dioptre

Change in near prescription greater than or equal to 0.5 Dioptre

Change in myopic refractive error of greater than or equal to 0.5 Dioptre

Change that results in an improvement in overall acuity of two lines or more of Snellen acuity

Children with a presence of

Hypermetropia of +2.00 D or more

Astigmatism of -1.0 D or more

Myopia of -0.5 or more

Where there is an improvement in visual acuity of 2 lines or more

Where the child has strabismus requiring refractive correction

Please document all clinical need requests or attach additional information

Script and frame details

R	/	X	
L	/	X	
PD	ADD	HT	PRISM
/			R ΔB
			L ΔB

Distance / Bifocal / Trifocal

Near

Frame code	
Eye size	
Bridge	
Depth/Diagonal	
Colour	

Applicants own frame fitted at own risk

Mass Office Use Only

Dispenser Code

UR No:

Type:

HQ No:

Deliver to: Dispenser Client

Date ordered: / /

MASS30

January 2021

Stamp may be used

Agent Code
Business Name
Address
Phone
Fax
Email
Signature _____ Date / /
(Signature of Optometrist/Ophthalmologist)

Optometrist/Ophthalmologist (Please tick appropriate box)

Dispensing Agent

Optometrist/Ophthalmologist (Please tick appropriate box)

MASS



Enquiries to: Service Manager – Spectacle Supply Scheme
Website: www.health.qld.gov.au/mass
Telephone: (07)3136 3696
Facsimile: 1300 362 276

Medical Aids Subsidy Scheme (MASS)

Client Consent – Proxy Access to Centrelink Information

“This form is used for applicants to provide consent to Medical Aids Subsidy Scheme (MASS) staff to use Centrelink Confirmation eServices (CCeS) to verify eligibility. This consent will be used for the sole purpose of authorising Centrelink to provide information to MASS to determine your eligibility in relation to assistance or services provided by MASS.

Applicant Confirmation:

I, _____ authorise:

- The Medical Aids Subsidy Scheme (MASS) to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans’ Affairs customer details and concession card status to enable the business to determine if I qualify for a concession, rebate or service.
- Services Australia (the agency) to provide the results of that enquiry to MASS.

I understand that:

- The agency will disclose personal information to MASS including my name, date of birth, address, state, concession card type and status to confirm my eligibility for MASS services (subsidy funding assistance for assistive technology, aids and/or consumable products).
- This consent, once signed, remains valid while I am a customer of MASS unless I withdraw it by contacting the MASS or the agency. I can get proof of my circumstances/details from the agency and provide it to MASS so my eligibility for MASS services can be determined.
- If I withdraw consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the service provided by MASS.”

_____/_____/_____

Client Signature

Date