

Introduction to the MASS Oxygen and Spectacle Supply Services

Medical Aids Subsidy Scheme

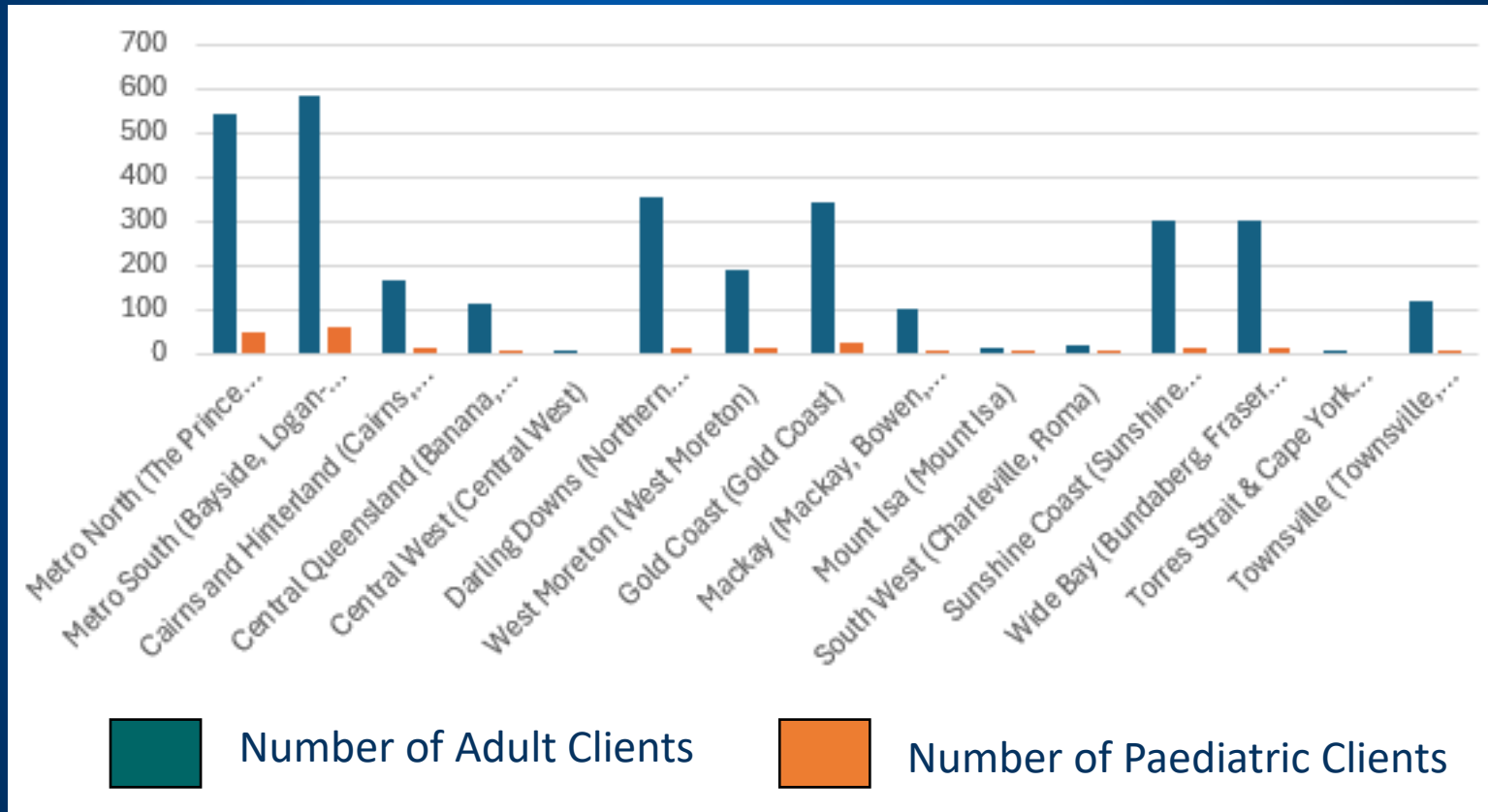
3 September, 2025

Home Oxygen

MASS provides a mix of concentrator and oxygen cylinder packages to support eligible Queensland adults and children who require home oxygen.

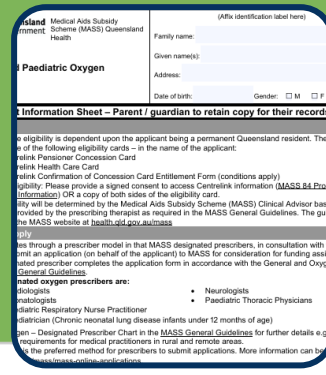
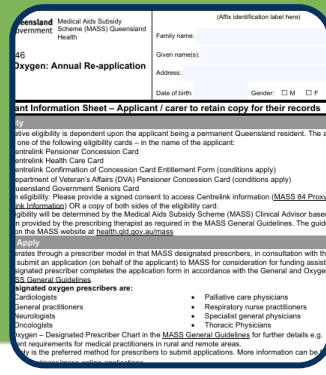
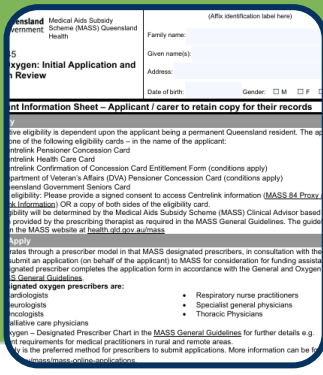
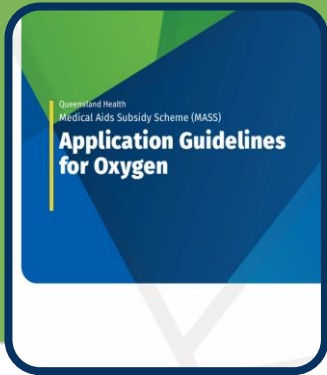
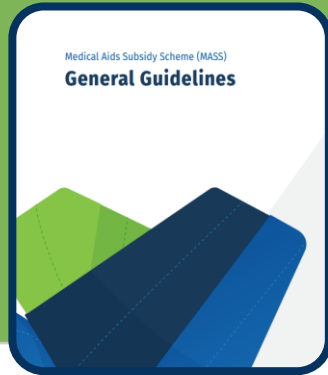


MASS Home Oxygen Applications from 1/11/24



Home Oxygen Important Documents

Queensland Health



[Medical Aids Subsidy Scheme \(MASS\) General Guidelines](#)

[Application Guidelines for Oxygen](#)

[MASS45 Adult Oxygen: Initial Application and 4 Month Review](#)

[MASS46 Adult Oxygen: Annual Re-application](#)

[MASS47 Child and Paediatric Oxygen](#)

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Administrative Eligibility for Oxygen

Queensland Health



- Queensland resident
- Concession/Qld Seniors/DVA Card Holder



- Home Care Packages (1 - 4)
- Hospital in-patient
- Resident in an aged care facility
- Persons in receipt of compensation in respect of disability
- Already receiving funding through another government scheme e.g. DVA, NDIS, NIISQ, CDC, PCEP

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Eligibility for Home Oxygen

Queensland Health



Centrelink Pensioner Concession Card



Centrelink Health Care Card



Department of Veterans' Affairs (DVA)
Pensioner Concession Card (conditions apply)



Queensland Government Seniors Card

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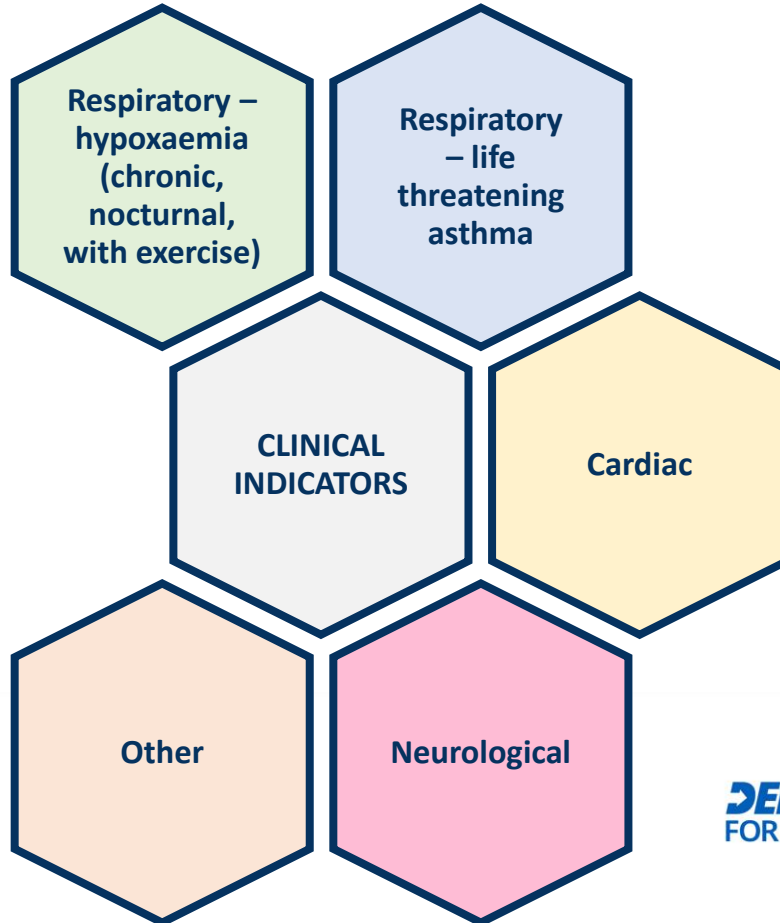
Persons eligible:

Applicant requires an accurate and current diagnosis and any underlying condition appropriately managed with maximum therapy.

Circumstances where oxygen not supplied by MASS:

- Nebulising – when oxygen required solely for nebulising.
- Adult portable oxygen for community access
- Dyspnoea without hypoxaemia
- Current smokers
- Terminally ill applicants must have explored the availability of PCEP first

Clinical Indicators for Home Oxygen



Designated Prescribers for Home Oxygen Queensland Health

Adults:

- Cardiologists
- Neurologists
- Oncologists
- Palliative care physicians
- Respiratory nurse practitioners
- Specialist general physicians
- Thoracic Physicians

Children:

- Cardiologist
- Neonatologist
- Neurologists
- Paediatric Thoracic Physician
- Paediatric Respiratory Nurse Practitioner
- Paediatrician (Chronic neonatal lung disease infants under 12 months of age)

General practitioner (with designated specialist endorsement) in remote areas



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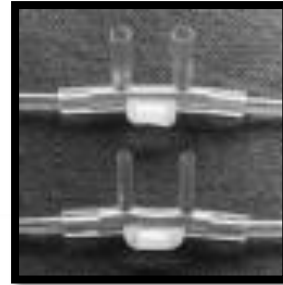


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Available Equipment for Home Oxygen Queensland Health

MASS provides a mix of concentrator and oxygen cylinder packages with supplementary packages of portable and backup cylinders for eligible applicants.

Accessories available for use with oxygen equipment include nasal cannulae, masks, oxygen tubing and swivel connectors for concentrator, trolleys, crates, carry bags and restraints.



[MASS Home oxygen packages and suppliers](#)

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Emergency Back Up Cylinders - All

1 x filled 'E' or three filled 'CL' or 'C' size oxygen cylinders per three months, if required, for use in the event of a power failure for applicants using an oxygen concentrator if:

- Life threatening situation in the event of a power failure
- Dependence on oxygen twenty-four hours per day

MASS will not ordinarily approve backup cylinders for clients applying to MASS under the Hypoxaemia with Exercise or Nocturnal Hypoxaemia categories, unless client has a resting oximetry reading on room air of 85% or less.



Portable Oxygen Cylinders

- Applicant must already be in receipt of MASS subsidised O₂
- Needed for medical reasons only (e.g. visiting specialist)
- Transport to medical appointment by ambulance is not available
- On the cardio-thoracic transplantation program of The Prince Charles Hospital
- With a concentrator who require backup oxygen for use in the event of a power failure
- Who require oxygen only during exercise or have life threatening asthma
- Portable oxygen is provided to eligible children



MASS does not subsidise adult portable oxygen when its use is primarily for community access.

For ongoing oxygen subsidised by MASS, reassessment and reapplication are required. After the initial supply:

- adults need to be re-assessed after four months and then every 12 months
- children under six years need to be re-assessed every six months
- children aged between six and 15 years need to be re-assessed after six months, and then every 12 months

MASS must receive completed re-application forms two weeks before the finish date.

MASS Application Process – Home Oxygen – Adult

Queensland Health

Initial Application

Applicant Assessment

Applicant is assessed by Prescriber and suitable oxygen package selected

Prescriber submits application through MASS-eApply or MASS 45 PDF
Including any applicable supporting documentation

Application received by the MASS Oxygen Team

4 Month and Annual Review Application

MASS Oxygen Reminder

- Annual review: three (3) months before due date, applicant is sent reminder letter
- If application is overdue: applicant is called/sent overdue letter

Applicant Assessment

Applicant is assessed by Prescriber – resubmit two (2) weeks prior to cessation of initial application

Prescriber submits application through MASS-eApply or PDF

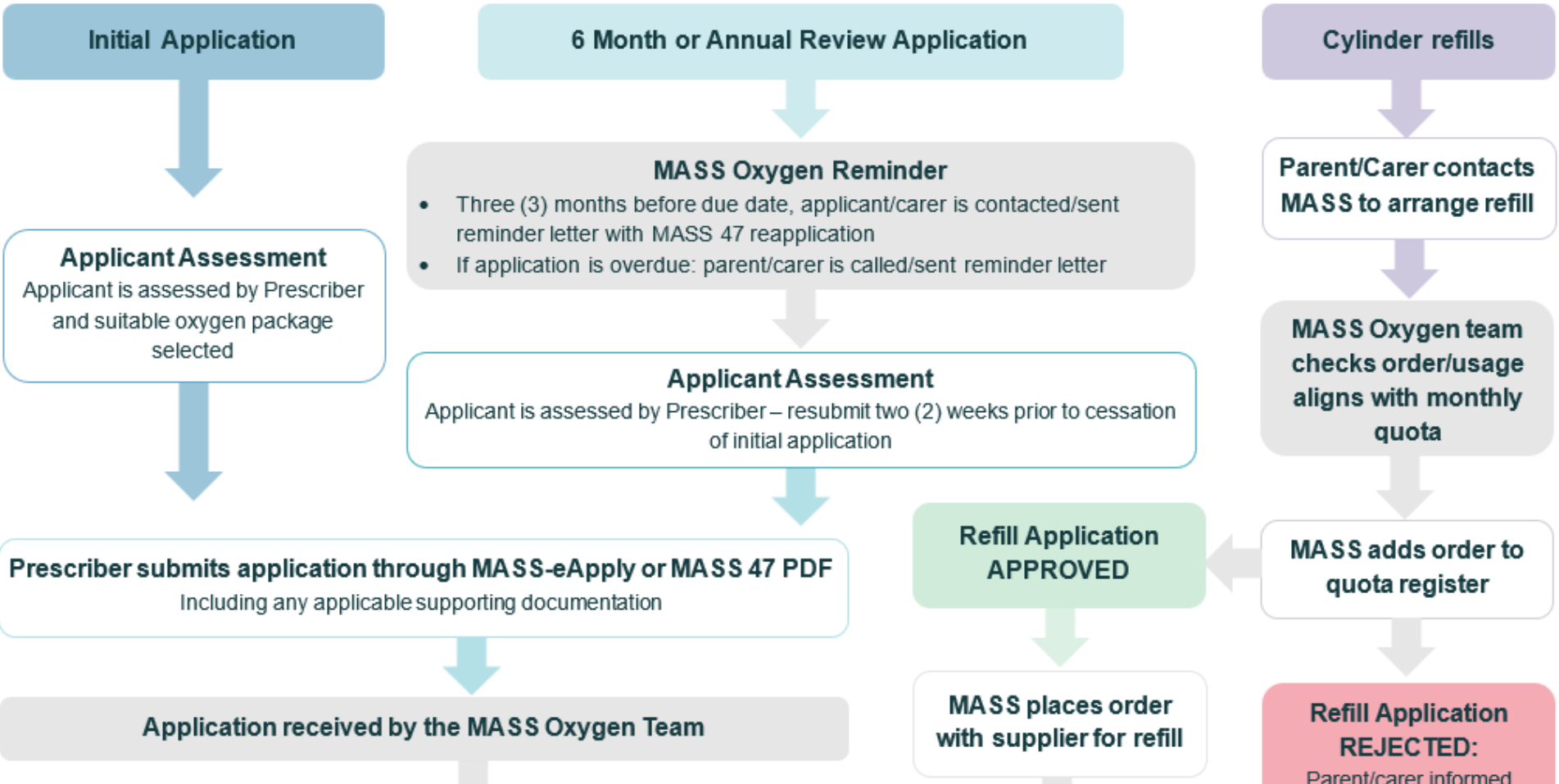
- Including any applicable supporting documentation.
- MASS 45 for 4 month or MASS 46 for annual review

Cylinder refills

Applicant contacts supplier for quarterly refill supply

Supplier delivers refill

MASS Application Process – Home Oxygen – Child and Paediatric Queensland Health



On receipt of the fully completed initial application, it's normal practise to approve oxygen applications on the same day it's received.

Delivery of Home Oxygen (if orders received before 3pm):

- Southeast Queensland, Sunshine Coast and Toowoomba (within 25km): next business day
- Wide Bay and Darling Downs (Toowoomba outside 25km): up to two business days
- North, Central & Southwest Queensland and Mackay: up to two business days

Delivery of Home Oxygen does not occur on public holidays or weekends.

MASS-eApply Online Applications

[MASS-eApply
Help and Support](#)

[MASS-eApply
Registration](#)

[MASS-eApply
Login](#)



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

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

[Oxygen- Adult
Annual Re-
Application](#)

[Oxygen Application-
Child and Paediatric](#)



[Start](#)



[Start](#)

[Oxygen- Adult Initial
Application and 4
Month Review](#)



[Start](#)

[Info for
Organisations and
Administrators](#)

[MASS Eligibility
Card](#)

[MASS-eApply
applicant
search](#)

Palliative Care Equipment Program (PCEP) - Oxygen

**Palliative Care
Oxygen**



▶ Start

- **Administrative Eligibility:**
 - Applicant must be a permanent Queensland resident
 - Applicant must provide a Medicare Card Number
 - **Clinical Eligibility:**
 - Applicant must have a life limiting condition with a likely prognosis of 6 months or less diagnosed by a palliative care specialist or treating specialist/GP with palliative care specialist consultation
 - Applicant diagnosis and any other factors contributing to need for home oxygen is necessary
- [Applicant Information Sheet for PCEP Home Oxygen](#)

MASS Application Process – Home Oxygen – PCEP

Queensland Health

Initial Application

Applicant Assessment

Applicant is assessed by Prescriber and suitable oxygen package selected

Prescriber submits application through MASS-eApply or PCEP PDF

Including any applicable supporting documentation and MASS Palliative Confirmation Form

Application received by the MASS Oxygen Team

6 Month Extension Application

MASS Oxygen Reminder

If application is overdue: applicant is called/sent overdue letter

Applicant Assessment

Applicant is assessed by Prescriber – resubmit two (2) weeks prior to cessation of initial application.

Prescriber submits application.

- Including any applicable supporting documentation.
- Include MASS PCEP Confirmation Extension Form.

Cylinder refills

Applicant contacts supplier for quarterly refill supply

Supplier delivers refill

Applicant Resources – Home Oxygen

Queensland Health

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| <p>Queensland Health</p> <h2>Applicant Information Sheet</h2> <p>Application for Home Oxygen (Adult)</p> <p>Eligibility</p> <p>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:</p> <ul style="list-style-type: none">• Centrelink Pensioner Concession Card• Centrelink Health Care Card• Centrelink Confirmation of Concession Card Entitlement Form (conditions apply)• Department of Veteran's Affairs (DVA) Pensioner Concession Card (conditions apply)• Queensland Government Seniors Card <p>To confirm eligibility. Please provide a signed consent to access Centrelink information (MASS & Proxy Access to Centrelink Information) OR a copy of both sides of the eligibility card.</p> | <p>Queensland Health</p> <h2>Applicant Information Sheet</h2> <p>Application for Home Oxygen (Child and Paediatric)</p> <p>Eligibility</p> <p>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:</p> <ul style="list-style-type: none">• Centrelink Pensioner Concession Card• Centrelink Health Care Card• Centrelink Confirmation of Concession Card Entitlement Form (conditions apply) <p>To confirm eligibility: Please provide a signed consent to access Centrelink information (MASS & Proxy Access to Centrelink Information) OR a copy of both sides of the eligibility card.</p> <p>Clinical eligibility will be determined by the Medical Aids Subsidy Scheme (MASS) Clinical Advisor based on the information provided by the prescribing therapist as required in the MASS General Guidelines.</p> | <h2>Medical Aids Subsidy Scheme (MASS) Handbook for Home Oxygen</h2> | <p>Queensland Health</p> <h2>Power Failure Emergency Plan</h2> <p>This form is designed for oxygen concentrator clients</p> <p>Emergency Plan for Users of Oxygen Concentrators in the Event of a Power Failure</p> <p>Concentrators require electricity to produce oxygen. When a power failure occurs your concentrator will not provide you with oxygen. Medical Aids Subsidy Scheme (MASS) provides a backup oxygen cylinder for people with concentrators who are dependent on oxygen 24 hours per day, or whose doctor indicates there could be a life-threatening situation in the event of a power failure.</p> <p>You are urged to develop an emergency plan to use in the event of a power failure. Your doctor and relatives/carers/neighbours could assist you to develop this emergency plan. This emergency plan should be written on the reverse page and attached to your oxygen concentrator so that you can refer to it when needed.</p> <p>You should review your emergency plan every six months or more frequently if there is a change in your oxygen needs. The MASS Handbook for Home Oxygen Therapy also has a section on the last page to record this information.</p> |
| <p>Applicant Information Sheet Home Oxygen (Adult)</p> | <p>Applicant Information Sheet Home Oxygen Child and Paediatric</p> | <p>MASS Handbook for Home Oxygen</p> | <p>Power Failure Emergency Plan</p> |

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Contacting the Oxygen Team

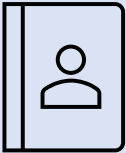
Queensland Health



Email: MASS-Oxygen@health.qld.gov.au



health.qld.gov.au/mass/prescribe/oxygen



41 Southgate Avenue
Cannon Hill Qld 4170

PO Box 281



Phone: (07) 3136 3510

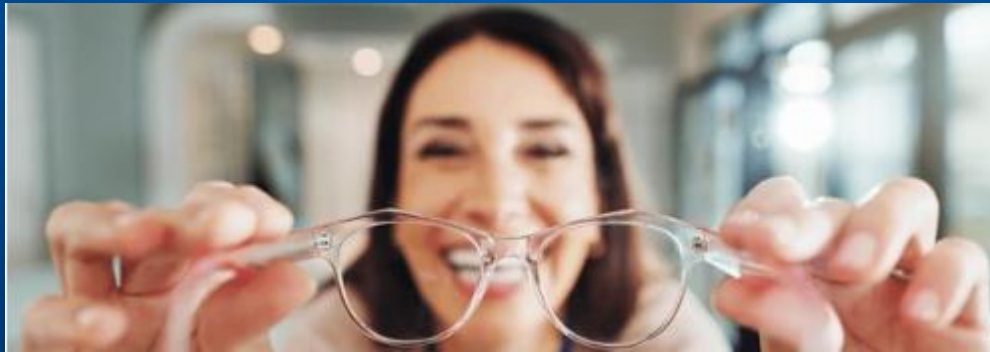
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Spectacle Supply Scheme (SSS)

In managing and administering the Spectacle Supply Scheme, MASS aims to provide a consistent centralised service with improved service delivery to clients and increased participation of Prescribers (Optometrists and Ophthalmologists).



SSS Important Documents

Queensland Health

Medical Aids Subsidy Scheme (MASS)
General Guidelines

[Medical Aids Subsidy Scheme \(MASS\) General Guidelines](#)

Medical Aids Subsidy Scheme (MASS)
Application Guidelines for Spectacle Supply Scheme

[Application Guidelines for Spectacle Supply Scheme \(SSS\)](#)

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 slip.

[MASS 30 Spectacle Supply Scheme \(SSS\) Application Form](#)

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Eligibility for SSS



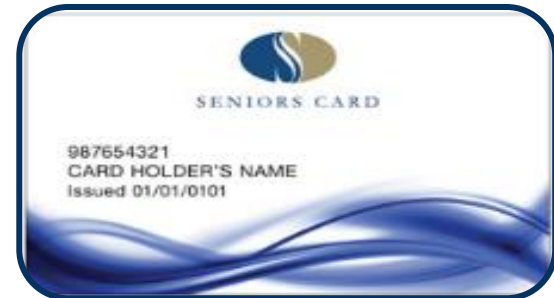
Centrelink Pensioner Concession Card



Centrelink Health Care Card



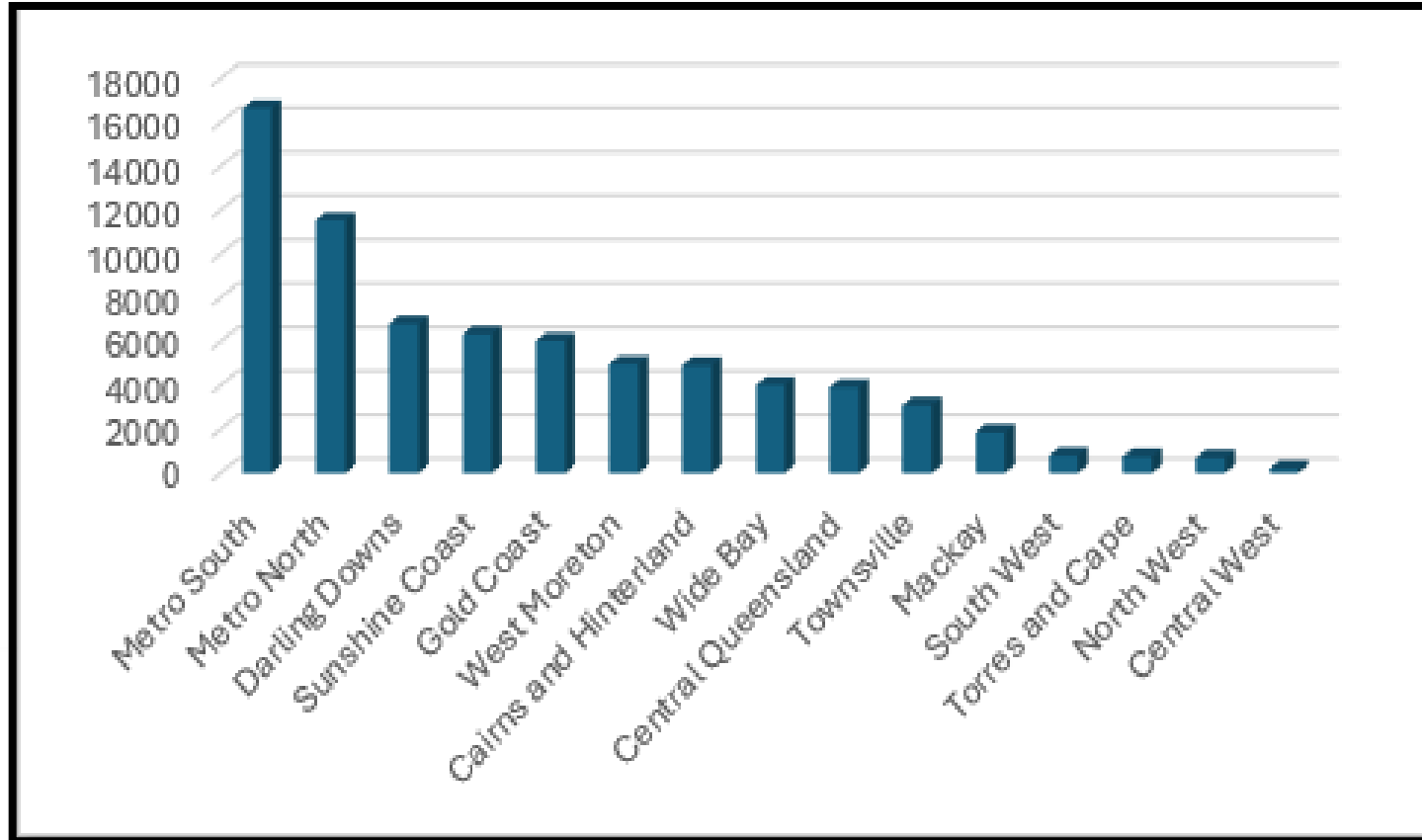
Department of Veterans' Affairs (DVA)
Pensioner Concession Card (if not eligible
for DVA 'Optical Supplies Program')



Queensland Government Seniors Card

SSS Clients by Residential Location

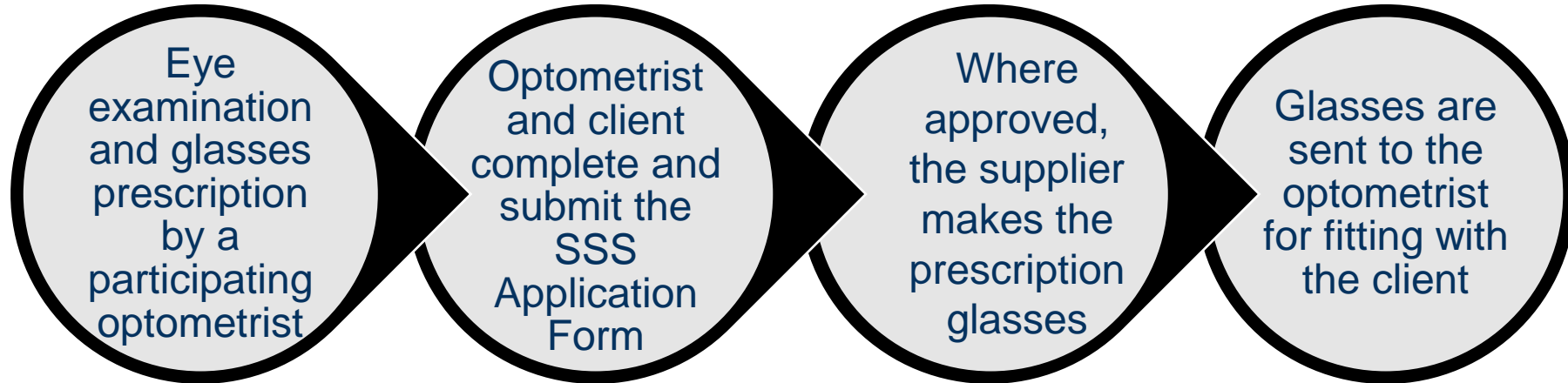
Queensland Health



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How SSS works

Queensland Health



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SSS Application Form – Client Completes

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

- 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.
- 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.
- 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.

PRIVACY CONSENT

This consent is in relation to the collection of information by QH/MSHHS for mass funded items

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 eye condition necessitating the supply of spectacles.

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/globa/privacy>.

- Your personal information collected may be shared with others directly involved in the provision of MASS services, including:
- The optometrists completing your application for their records of the selection of the most suitable spectacles/lenses for your needs.
 - The supplier of the requested spectacles.
 - Other person/s nominated as a contact person on your application if required to act on your behalf.

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 third parties without your consent for any unrelated purpose unless the disclosure is authorised or required by or under law. If you do not wish for us to share your information with a person or organisation, you can ask us not to share it.

At any time during the application process or the use of the funded items, you may withdraw your consent to the sharing of your personal information by informing MASS by email MASS@health.qld.gov.au or telephone on 07 3136 3636.

To understand our privacy practices more broadly, and your rights in relation to accessing and correcting your personal information, please see https://www.health.qld.gov.au/_data/assets/pdf_file/0027/439164/queensland-health-privacy-policy.pdf

Part B - Applicant's Personal Details

Title: Mr Mrs Ms Miss Other: _____ Surname: _____

Given Name/s: _____

Date of Birth: _____ Male Female Other (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 No (If yes, month and year) / /

Does the applicant identify with Aboriginal descent? Yes No

Does the applicant identify with Torres Strait Islander descent? Yes No

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 Health Care Card Queensland Seniors Card

****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 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: _____

Consent to Email Communication

I consent to receiving communication by email regarding this application and the delivery of MASS services. Yes No

I consent to receiving communication by email regarding MASS Service improvement activities. Service improvement activities include surveys, invitations to MASS education sessions workshops and/or webinars, MASS events or newsletters. Yes No

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 3636

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



Enquiries to: 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

SSS Application Form – Optometrist or Ophthalmologist Completes

| Applicant's full name: _____ | | DOB: / / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Part C - Clinical Assessment – Spectacle Prescription | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete if spectacles are to be posted to Applicant: Applicant's Address: _____ Street: _____ City: _____ Post Code: _____ | | 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 <input type="checkbox"/> Change in near prescription greater than or equal to 0.5 Dioptre <input type="checkbox"/> Change in myopic refractive error of greater than or equal to 0.5 Dioptre <input type="checkbox"/> Change that results in an improvement in overall acuity of two lines or more of Snellen acuity <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Single vision spectacles Distance <input type="checkbox"/> Near/reading <input type="checkbox"/> | | Children with a presence of Hypermetropia of +2.00 D or more <input type="checkbox"/> Astigmatism of -1.0 D or more <input type="checkbox"/> Myopia of -0.5 or more <input type="checkbox"/> Where there is an improvement in visual acuity of 2 lines or more where the child has strabismus requiring refractive correction <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Bifocals Round segment <input type="checkbox"/> D segment <input type="checkbox"/> | | Please document all clinical need requests or attach additional information _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Trifocals D segment <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Special/high powered single vision <i>(Issued on clinical need only)</i> Distance <input type="checkbox"/> Near/reading <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Lens material CR 39 <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Frame Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Own: Plastic <input type="checkbox"/> Metal <input type="checkbox"/> <i>(Own frames sent to Exalor after approval from SSS)</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Optional Extras To Be Added To Order <i>(If no clinical need, applicant pays Dispensing Agent directly)</i> <table border="1"> <tr> <td></td> <td>Funded</td> <td>Unfunded</td> </tr> <tr> <td>Tint</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Colour</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Permanent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>UV Guard</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Anti-reflective Coating</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Transitions</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> Other (please describe in full) _____ _____ _____ | | | Funded | Unfunded | Tint | <input type="checkbox"/> | <input type="checkbox"/> | Colour | <input type="checkbox"/> | <input type="checkbox"/> | Permanent | <input type="checkbox"/> | <input type="checkbox"/> | UV Guard | <input type="checkbox"/> | <input type="checkbox"/> | Anti-reflective Coating | <input type="checkbox"/> | <input type="checkbox"/> | Transitions | <input type="checkbox"/> | <input type="checkbox"/> | Script and frame details <table border="1"> <tr> <td>R</td> <td>/</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>L</td> <td>/</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>PD</td> <td>ADD</td> <td>HT</td> <td colspan="2">PRISM</td> </tr> <tr> <td>/</td> <td></td> <td></td> <td>R</td> <td>ΔB</td> </tr> <tr> <td></td> <td></td> <td></td> <td>L</td> <td>ΔB</td> </tr> </table> <table border="1"> <tr> <th>Distance / Bifocal / Trifocal</th> <th>Near</th> </tr> <tr> <td>Frame code</td> <td>_____</td> </tr> <tr> <td>Eye size</td> <td>_____</td> </tr> <tr> <td>Bridge</td> <td>_____</td> </tr> <tr> <td>Depth/Diagonal</td> <td>_____</td> </tr> <tr> <td>Colour</td> <td>_____</td> </tr> </table> Applicants own frame fitted at own risk | | R | / | X | | | L | / | X | | | PD | ADD | HT | PRISM | | / | | | R | ΔB | | | | L | ΔB | Distance / Bifocal / Trifocal | Near | Frame code | _____ | Eye size | _____ | Bridge | _____ | Depth/Diagonal | _____ | Colour | _____ |
| | Funded | Unfunded | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tint | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Colour | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UV Guard | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anti-reflective Coating | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transitions | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | / | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | / | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PD | ADD | HT | PRISM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| / | | | R | ΔB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | L | ΔB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance / Bifocal / Trifocal | Near | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frame code | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eye size | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bridge | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Depth/Diagonal | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Colour | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mass Office Use Only Dispenser Code _____ ULR No: _____ Type: _____ HQ No: _____ Delivered to: Dispenser <input type="checkbox"/> Client <input type="checkbox"/> Date ordered: / / MASS50 | | Stamp may be used Agent Code _____ Business Name _____ Address _____ Phone _____ Fax _____ Email _____ Signature _____ Date / / (Signature of Optometrist/Ophthalmologist) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MASS | | Dispensing Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Registration](#)

[MASS-eApply
Login](#)



For enquiries and
technical assistance
(8.30am – 4.30pm
weekdays):

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

**Spectacle Supply
Scheme**



[!\[\]\(7c3d2608a7a555c07f6aa454ffa411df_img.jpg\) Start](#)

[Info for
Organisations and
Administrators](#)

[MASS Eligibility
Card](#)

[MASS-eApply
applicant
search](#)

Participating Optometrists

Queensland Health

Queensland Health

Spectacles Dispenser List- Current 30/06/2025

NB: Some Optometrists have made a commercial decision to charge an Admin fee to service SSS clients. Please contact your preferred Optometrist to confirm their charge as it may be subject to change.

Charges listed are correct at date of publishing (30/06/2025) and SSS has no influence on this charge.

| Location | Street Address | Suburb | Postcode | Phone | Admin Fee |
|--------------------------------|------------------------------------------------------------|-------------------|----------|-----------|-----------|
| Ascot Optical | 3/137 Racecourse Road | Ascot | 4007 | 3268 1822 | \$0 |
| Catherine O'Connor Optometrist | 6/713 Sandgate Road | Clayfield | 4011 | 3256 0799 | \$0 |
| Eyecare Plus Nundah | 1190 Sandgate Road | Nundah | 4012 | 3266 6444 | \$30 |
| Sandgate Optical | Shop 5A/8 Bowser Parade | Sandgate | 4017 | 3269 1977 | \$0 |
| The Optical Superstore | Taigum Square Shopping Centre, Shop 17/217 Beams Road | Taigum | 4018 | 3265 2700 | \$40 |
| L'Estrange Optoms Redcliffe | Jetty Arcade, 139-141 Redcliffe Parade | Redcliffe | 4020 | 3284 2825 | \$0 |
| OPSM Kippa Ring | Peninsula Fair Shopping Centre, Shop C7A/272 Anzac Avenue | Kippa-Ring | 4021 | 3284 5811 | \$0 |
| Optical Superstore Kippa-Ring | Peninsular Fair Shopping Centre, Shop K03/272 Anzac Avenue | Kippa-Ring | 4021 | 3283 2448 | \$40 |
| Peninsula Eyewear | Peninsula Fair Shopping Centre, Shop G6/272 Anzac Avenue | Kippa-Ring | 4021 | 3284 9176 | \$40 |
| Laraghy & Chan Optometrists | Market Central Lutwyche, Shop 50B/543 Lutwyche Road | Lutwyche | 4030 | 3357 6800 | \$30 |
| Laubman & Pank Chermiside | Westfield Chermiside, Shop 236/395 Hamilton Road | Chermiside Centre | 4032 | 3359 2411 | \$0 |
| Stylish Optometrist | Woolworths Marketplace, Shop 6 Old Northern Road | Albany Creek | 4035 | 3264 8188 | \$50 |
| Laubman & Pank Brookside | Brookside Shopping Centre, Shop 76B/159 Osborne Road | Mitchelton | 4053 | 3855 2566 | \$0 |
| Optical Warehouse Stafford | Stafford City Shopping Centre, Shop E23/400 Stafford Road | Stafford | 4053 | 3352 5001 | \$60 |
| Urban Optical | Stafford City Shopping Centre, Shop E18/400 Stafford Road | Stafford | 4053 | 3352 3852 | \$0 |
| The Optical Superstore | Arana Hills Plaza, Shop 9A /5-11 Patricks Road | Arana Hills | 4054 | 3186 4674 | \$0 |
| QUT Optometry Clinic | QUT Health Clinics Ground Floor, 44 Musk Avenue | Kelvin Grove | 4059 | 3138 9777 | \$0 |

The Spectacles Dispenser List is constantly being updated, so remember to check the website for the latest details

Financial Aids Subsidy Scheme (MASS) - Spectacle Supply Scheme (SSS) Spectacles Dispenser List - 30 June 2025



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Government

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Government**

[Spectacles Dispenser List](#)

Included in the Scheme

- Basic prescription spectacles every two (2) years:
 - Bifocal
 - Single vision – near and distance
 - Trifocal
 - Polycarbonate for children (<12 years of age)

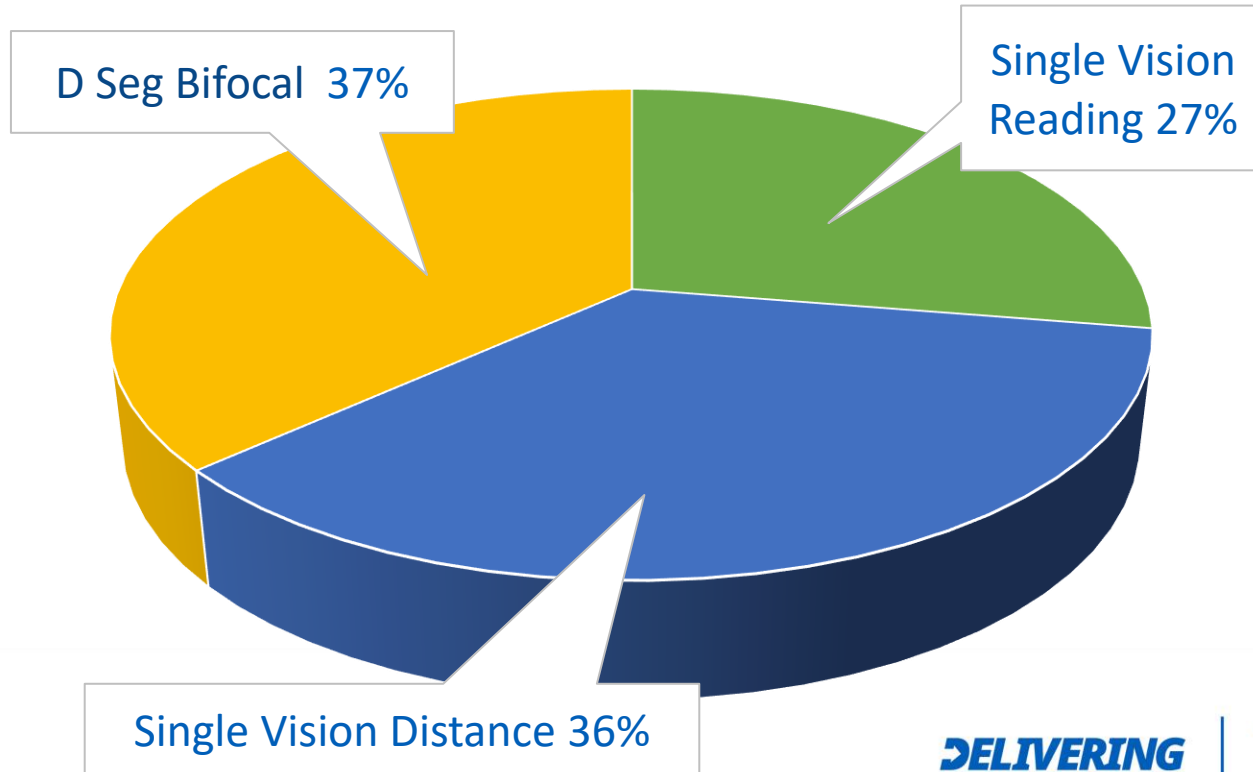
All SSS lenses come with TD2 hardcoating to increase durability
- The two-year renewal period is waived if clinical need is demonstrated on examination by the prescriber
- Applicants may choose to purchase their own frame privately and apply for lenses only via SSS



NOT Covered by the Scheme

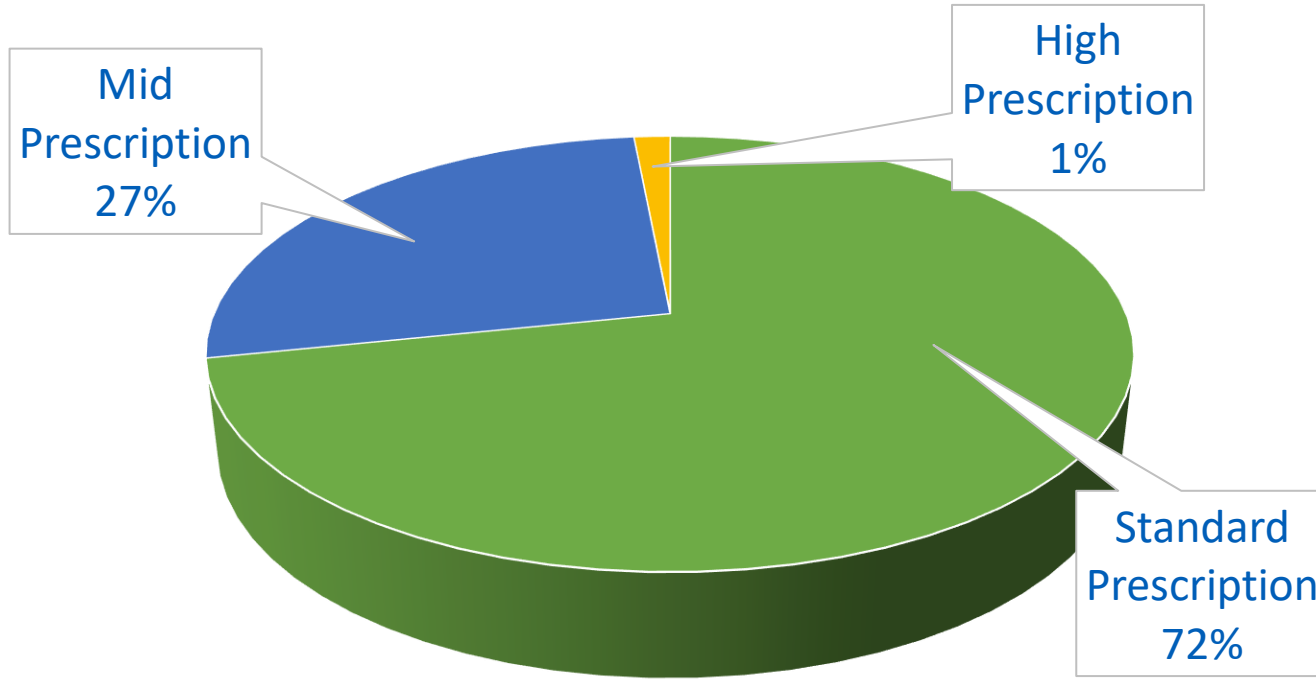
- Multifocal/Progressive lenses
- Sunglasses
- Intermediate/computer spectacles
- Two of one type of spectacles e.g. 2 x near vision
- Spectacles/glasses that are intended for use other than vision prescription correction e.g. Smart Glasses, colour enhancing glasses, non-prescription/safety glasses

Lens Type Requested 2024 - 2025

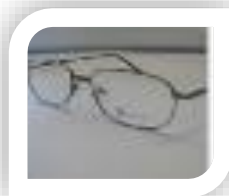
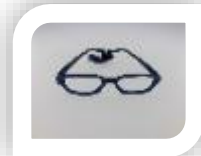
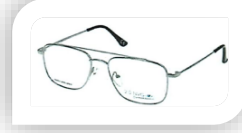
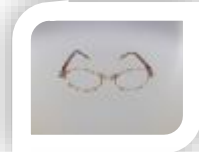
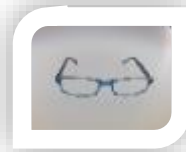


Prescription Strength 2024 - 2025

Queensland Health



Types of Frames



Shell (plastic) Frames

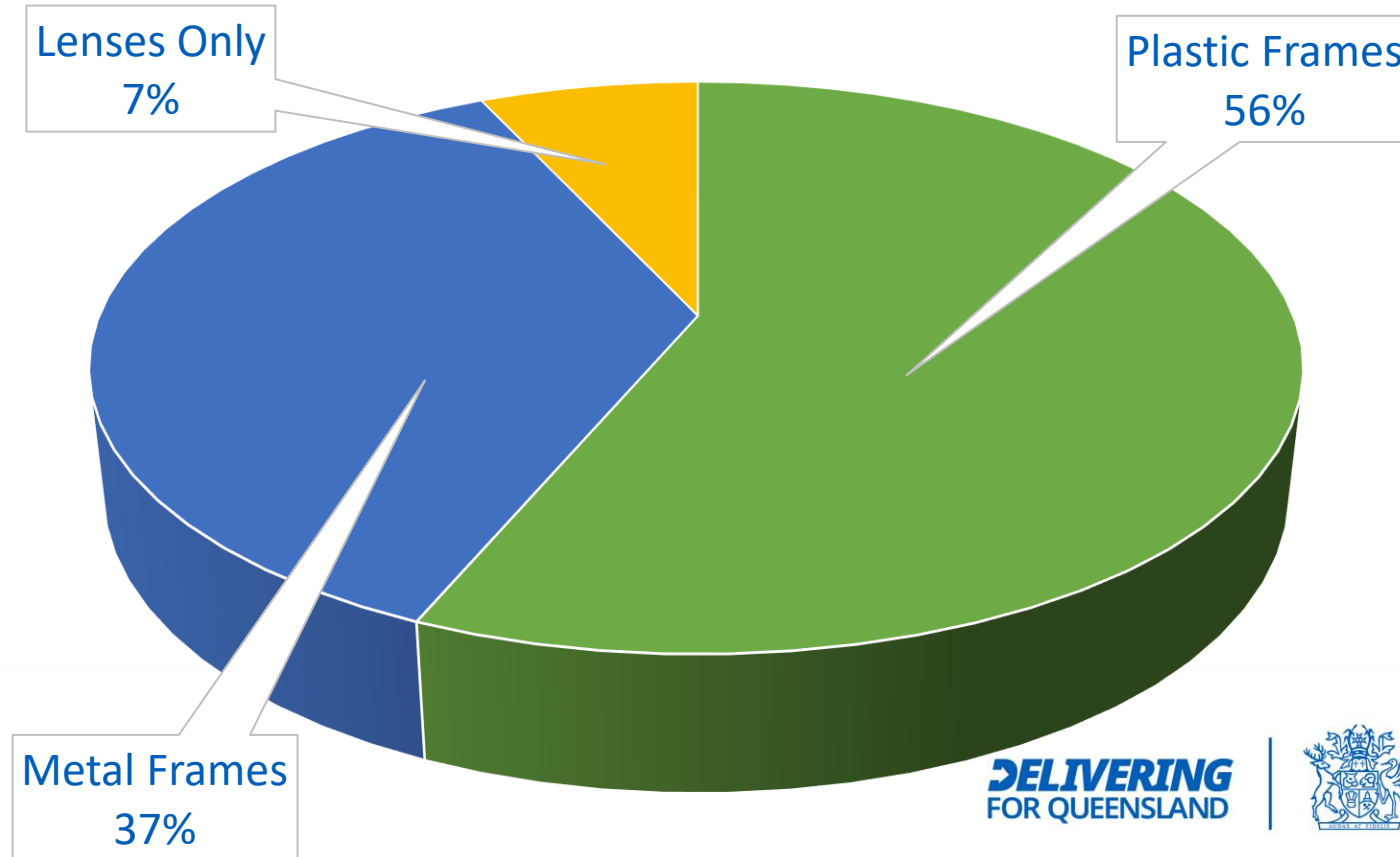
Metal Frames

Children's Frames

Frames are provided in a variety of colours

[Approved spectacles, lenses and frames](#)

Frame Type Requested 2024 - 2025 Queensland Health



Limited Extras

- Tinting
- Photochromatic /transition lenses
- UV protection
- Anti-reflective coating

Client choice

The client is responsible for all costs. These must be made directly to the dispensing agent.

Clinical Need

Potential funding if client has:

- Traumatic mydriasis
- Advanced gross cataracts awaiting treatment
- Conjunctival and corneal scarring disease leading to photophobia

Contacting the Spectacle Supply Scheme

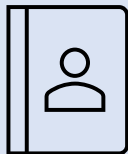
Queensland Health



Email: SSS184@health.qld.gov.au



[Spectacle Supply Scheme | Queensland Health](#)



41 Southgate Avenue
Cannon Hill Qld 4170

PO Box 281



Phone: (07) 3136 3696



Fax: 1300 362 276

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MASS and My Aged Care Reform

Queensland Health

The **Support at Home** program will commence on

1 November 2025* and will replace the existing Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme.



At this time, the **MASS** will continue to operate as a state-run program, providing subsidy funding for aids and equipment to eligible Queensland residents.

[Support at Home – Fact sheet | Australian Government Department of Health, Disability and Ageing](#)

[Big changes to the aged care sector | My Aged Care](#)

DELIVERING
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Queensland Health is leading a review of the Medical Aids Subsidy Scheme (MASS).

The review of the MASS will consider how it can meet the needs of Queenslanders now and in the future.

Scope of the review: The review will assess how the MASS is currently working and opportunities to strengthen its impact and effectiveness. The review aims to understand the range of experiences, including what is working well and what could be improved.

The review will also consider how the scheme can align with broader reforms across the health, disability and aged care sectors, as well as how the MASS can support the increasing demand and complexities of our health system.

Certificate of Attendance



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

Thank you!



MASS-Education@health.qld.gov.au

MASS-Equipment@health.qld.gov.au

MASS-EquipmentTSV@health.qld.gov.au