



**MASS 70
Acquittal**

(Affix identification label here)

Family name:

Given name(s):

Date of birth:

Gender: M F I

This form is used by supplier, prescriber and client for the acquittal of aids supplied by MASS.

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 requires an acquittal process to be undertaken for all assistive technology over \$1,000.

Section A – Supplier to complete at time of delivery of the aid

Description of aid supplied	Date supplied
Method of delivery	MASS purchase order no.
Supplier name	Representative name
Representative signature	Date

Section B – Prescriber/delegated health professional to complete after reviewing aid with client

I **am** / **am not** satisfied that the aid provided is in accordance with the prescription and quote submitted to MASS.

If not satisfied, please provide reason

The following questions are to ensure that the aid prescribed is satisfactory to the client and suitable for their needs. If any of the following are answered "No", please contact a MASS Clinical Advisor to discuss.

Is the client comfortable using the aid? Yes No

Does the aid provide the prescribed functional outcome? Yes No

Is the client satisfied with the aid? Yes No

Prescriber/delegated health professional details

Organisation name	Phone number	
Print Name	Signature	Date

Section C – Client to complete after receiving the aid, indicating satisfaction

I acknowledge that the aid/s referred to in this form has been received and;
I **am** / **am not** satisfied with the aid.

If not, please provide details

Have you been provided advice in: in use of the equipment future maintenance and repair a user manual

Client/Guardian or authorised decision-maker on behalf of client details

Print Name	Signature	Date
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If authorised decision-maker, specify authority e.g. Enduring Power of Attorney

Email OR Post completed form to a MASS Service Centre

Email: MASS184@health.qld.gov.au
Website: health.qld.gov.au/mass

Brisbane:
PO Box 281, Cannon Hill Qld 4170
Telephone: 07 3136 3636

Townsville:
PO Box 980, Hyde Park Qld 4812
Telephone: 07 4433 8000

DO NOT WRITE IN THIS BINDING MARGIN

