



Application for the Oxygen and/or Enteral Feeding Supplement

Aged Care Act 1997
 (Section 44-13 Oxygen Supplement)
 (Section 44-14 Enteral Feeding Supplement)

Residential Care Subsidy Principles 1997
 (Part 8 The Oxygen Supplement)
 (Part 9 The Enteral Feeding Supplement)

Aged Care
 Medicare Australia†
 GPO Box 9923
 in your capital city††

Service name Service ID Phone number ()

Eligibility criteria

Enteral Feeding Supplement

(1) Written certification from a medical practitioner stating that the care recipient has a medical need for enteral feeding *must be attached to this form.*
 (2) Written certification from a medical practitioner or dietician stating that the dietary formula is a nutritionally complete formula *must be attached to this form.*
 (3) If enteral feeding expenses are at least 25% above the standard supplement and a higher supplement is claimed, costings are required on a daily basis.
 (4) The enteral feeding supplement cannot be approved for food supplements or supplementary feeding.

Care recipient ID	Care recipient's name	Feeding method		Dates		Name of formula	If a higher supplement is claimed, costings are required on a daily basis					
		Bolus	Non-Bolus	Start	End		mls per day	Tin size	Tin cost	Giving set	Flexitainers	Hire of pump
				/ /	/ /							
				/ /	/ /							
				/ /	/ /							
				/ /	/ /							

Eligibility criteria

Oxygen Supplement

(1) Written certification from a medical practitioner stating that the care recipient has continual need for the administration of oxygen *must be attached to this form.*
 (2) If oxygen expenses are at least 25% above the standard supplement and a higher supplement is claimed, costings are required on a monthly basis and copies of invoices covering a three-month period *must be attached to this form.*

Care recipient ID	Care recipient's name	Dates		If a higher supplement is claimed, costings are required on a monthly basis			
		Start	End	Concentrator hire	Cylinder delivery cost	Cylinder hire	Kit hire
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month
		/ /	/ /	\$ per month	\$ per month	\$ per month	\$ per month

Signature of approved provider/ authorised signatory Date

Note: Approval for higher level funding for oxygen treatment is generally for a six-month period. This is because costs often fluctuate considerably for most residents' individual oxygen needs. Approved Providers and Services must advise Medicare Australia of any changes that result in a variation of the amount being paid and also any changes affecting payment of the supplement to the service.

Privacy note: The information provided on this form will be used for the payment of Oxygen and Enteral Feeding supplement.
 Giving false or misleading information is a serious offence and may attract a maximum penalty of 12 months imprisonment under subsection 137.1(1) of the *Criminal Code Act 1995*.

† Providing aged care payments to service providers on behalf of the Department of Health and Ageing
 †† For services located in the NT, forms should be sent to Adelaide SA 5001. For services located in the ACT, forms should be sent to Sydney NSW 2001. For services located in Tas, forms should be sent to Melbourne Vic 3001.