



# Essential Medical Equipment Payment (EMEP) claim

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## Purpose of this payment

Essential Medical Equipment Payment (EMEP) provides financial assistance to help meet the additional costs of running essential medical equipment and medically required heating and/or cooling.

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## When to use this form

To receive EMEP through the Department of Veterans' Affairs (DVA) the user of the equipment or carer must hold one of the following DVA issued concession cards:

- Gold Card
- White Card
- DVA Pension Concession Card (PCC)
- DVA Commonwealth Seniors Health Card (CSHC).

**Note:** If the equipment was **not** supplied by DVA **and/or** you are claiming for medically required heating/cooling, your General Practitioner (GP) must complete *Attachment A – EMEP Medical Confirmation* and you should submit it with this form.

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## Who is eligible?

You may be eligible for this payment if you, or someone you care for:

- uses 1 or more pieces of essential medical equipment (see Part C), **and/or**
- medically required heating/cooling as a result of a specified medical condition (see Part D), **and**
- holds or are listed on an eligible DVA Issued concession card (see Eligible Concession Cards), **and**
- lives in a valid residence (see Valid Residence below), **and**
- is either:
  - the energy account holder for the residence
  - the partner of the energy account holder for the residence
  - able to demonstrate that you, or the person you care for contribute towards payment of the energy account for the residence, **and**
- no other person has already received this payment from Services Australia or DVA, in the same financial year, for a given piece of equipment or medically required heating/cooling, in a given residence.

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## Valid residences to claim the EMEP

A valid residence must be the person's home located in Australia and is a private residence. Additional payments can be claimed where the person has a secondary residence.

EMEP **cannot** be claimed if a person is living in a:

- residential aged care facility
- residential rehabilitation centre
- hospital or other medical facility
- prison, correctional or detention centre.

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## How much you will be paid

This payment is indexed every year. For current rates please see the DVA website [www.dva.gov.au/emep](http://www.dva.gov.au/emep)

No more than 2 payments will be paid in the same financial year, for any given piece of equipment or medically required heating/cooling.

**Once you have been granted the payment you will not need to apply again. You will receive the payment automatically each financial year, unless your circumstances have changed from the time of your original claim.**

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## For more information

Further information on EMEP is available from the DVA website at [www.dva.gov.au/emep](http://www.dva.gov.au/emep) or by contacting your nearest DVA or VAN Office on **1800 VETERAN** (1800 838 372).

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## Privacy Notice

Personal information is protected by law, including the *Privacy Act 1988*. Personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

More information about how DVA manages personal information is available from <https://www.dva.gov.au/about-us/overview/legal-resources/privacy>

**PART A****Claimant's details**

1. **Name** Surname   
Given name(s)

2. **Date of birth**

3. **DVA file number**

4. **Contact number**  
(including area code if applicable)

5. **Email address**

6. **Card type**  Gold  DVA Pension Concession Card (PCC)  
 White  DVA Commonwealth Seniors Health Card (CSHC)

7. **Addresses**  
Address where the essential medical equipment or medically required heating/cooling is used  Postcode   
If applicable, secondary residential address where the essential medical equipment or medically required heating/cooling is used  Postcode

**PART B****Equipment user's details** – Only complete this section if you are the carer of an eligible user, otherwise go to Part C

**Note:** To qualify for the EMEP as a carer, you must reside in the same residence as the user of the equipment at the time the EMEP claim is lodged or on the anniversary date for payment.

8. **Name** Surname   
Given name(s)

9. **Date of birth**

10. **DVA file number** (if applicable)

11. **Contact number**  
(including area code if applicable)

12. **Email address**

13. **Equipment user's address at the time of lodgement**  Postcode

## PART C

## Essential Medical Equipment in use

### 14. What essential medical equipment do you, or the person you provide care for, use?

Tick all that apply

You can claim the payment for each piece of equipment. A maximum of two payments can be made in a financial year, for each eligible piece of equipment, if the person with medical needs has more than one residence.

If you don't see the equipment you use in the list below, it might be under a different name. Read alternative names for essential medical equipment at <https://www.servicesaustralia.gov.au/what-are-alternative-names-for-essential-medical-equipment?context=21831>

**Note:** If the equipment was **not supplied by DVA** your GP must complete *Attachment A – EMEP Medical Confirmation*.

- |  |   |
|--|---|
| <input type="checkbox"/> Home dialysis machine | <input type="checkbox"/> Home parenteral or enteral feeding device  |
| <input type="checkbox"/> Home ventilator       | <input type="checkbox"/> Infant apnoea monitor – prescribed by a medical practitioner following apnoeic episode |
| <input type="checkbox"/> Home respirator       | <input type="checkbox"/> Nebuliser – used daily   |
| <input type="checkbox"/> Oxygen concentrator   | <input type="checkbox"/> Positive Airway Pressure device  |
| <input type="checkbox"/> Heart pump            | <input type="checkbox"/> Phototherapy equipment   |
| <input type="checkbox"/> Suction pump          | <input type="checkbox"/> Airbed vibrator  |
| <input type="checkbox"/> Insulin pump          | <input type="checkbox"/> Electric wheelchair  |

## PART D

## Medically required heating and cooling

### 15. What essential medical conditions do you, or the person you provide care for, have?

Tick all that apply

You may claim a single payment per residence for medically required heating and cooling, in addition to each piece of essential medical equipment. A maximum of two payments can be made in a financial year, for medically required heating and cooling if the person with medical needs has more than one residence.

**Only the medical conditions listed below are eligible for this payment.**

**Note:** If claiming for medically required heating/cooling your GP must complete *Attachment A – EMEP Medical Confirmation*.

- |  |   |
|--|---|
| <input type="checkbox"/> Spinal cord injury at or above the T7 level | <input type="checkbox"/> Full thickness burns on more than 20 percent of the body                                   |
| <input type="checkbox"/> Stroke                                      | <input type="checkbox"/> Rare disorders of sweating including congenital absence or mal-development of sweat glands |
| <input type="checkbox"/> Brain injury                                | <input type="checkbox"/> Chronic erythroderma   |
| <input type="checkbox"/> Neurodegenerative disorder                  |   |
| <input type="checkbox"/> Muscular dystrophy                          |   |

*Attachment A – EMEP Medical Confirmation* completed by GP and attached

## PART E

## Energy type

### 16. What type of energy is used to run the specified essential medical equipment, or medical heating and/or cooling?

**Note:** You are not required to provide evidence of energy account payment with this claim. However, such evidence must be provided if later requested by DVA as part of a post-claim review.

- |   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Electricity          | <input type="checkbox"/> Diesel      | <input type="checkbox"/> Petrol   |
| <input type="checkbox"/> Natural gas          | <input type="checkbox"/> Heating oil | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Liquid petroleum gas |                                      |                                   |

**PART F****EMEP claim history and payments**

17. Have you already received an EMEP from DVA or from Centrelink for the same piece of medical equipment, at the same residence, this financial year?

No Yes  ► You are not eligible for this payment

18. Bank details if NOT currently in receipt of a DVA payment

Name of bank, building society or credit union

Branch number (BSB)

Account number

Account held in the name(s) of

**PART G****Claimant's Declaration and Consent**

19. Declaration and consent

This Declaration and Consent must be signed by the claimant of the essential medical equipment. If the user of the equipment is not the claimant (and the user is not a dependent child) the user must also sign the form.

**I (the claimant) declare that:**

- to the best of my knowledge, no other person has been paid the Essential Medical Equipment Payment for the piece/pieces of equipment I am currently claiming for.
- I will notify the Department of Veterans' Affairs within 14 days of any changes to this information and I understand that notification can be by telephone, in person or in writing.
- I authorise Australian Government Departments or agencies (including Centrelink and the Australian Taxation Office) and other organisations to disclose to the Department of Veterans' Affairs any information required to process my claim for an Essential Medical Equipment Payment.

**I consent** (if applicable) to this claim for the Essential Medical Equipment being made by the carer indicated on this form.

**Claimant's  
Signature**

Date

If the user of the equipment is not the claimant and is not a dependent child:

**User's  
Signature**

Date

**Submitting this form**

Once this form is fully completed, please provide to DVA either:

In person:

**DVA VAN Office**

A list of VAN Offices is available from

<https://www.dva.gov.au/location-finder>

Post:

**EMEP Claims Processing  
Department of Veterans' Affairs  
GPO Box 9998  
BRISBANE QLD 4001**

Email:

[EMEPclaims@dva.gov.au](mailto:EMEPclaims@dva.gov.au)



# Attachment A EMEP Medical Confirmation

### When to use Attachment A

Attachment A is to be completed by the claimant's Medical Practitioner if:

- the equipment being claimed was **not** supplied by DVA, **and/or**
- the claimant is claiming for medically required heating/cooling.

When completed, Attachment A is to be submitted with the *Essential Medical Equipment Payment (EMEP) claim*.

### Information for Medical Practitioner

Where a person is claiming an EMEP in respect of a piece of essential medical equipment that appears on the eligible essential medical equipment list, the Medical Practitioner will be certifying that:

- the piece of equipment is essential to manage the person's condition, and
- the person has been advised to use the equipment at home.

For the purpose of the EMEP, an inability to regulate body temperature is defined as significant loss of a person's capacity to control body temperature when exposed to extremes of environmental temperatures. In determining whether a person has an inability to regulate body temperature, consideration should be given to whether the person would risk serious harm to his or her health without medically required heating and/or cooling.

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### 1. Patient's details (user of essential medical equipment)

Title Mr  Mrs  Miss  Ms  Other

Surname

Given name(s)

Date of birth

DVA file number or CRN (if applicable)

The following information is about the patient named above as part of an EMEP claim.

### 2. What essential medical equipment does the patient require?

Tick all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Home dialysis machine | <input type="checkbox"/> Home parenteral or enteral feeding device  |
| <input type="checkbox"/> Home ventilator       | <input type="checkbox"/> Infant apnoea monitor – prescribed by a medical practitioner following apnoeic episode |
| <input type="checkbox"/> Home respirator       | <input type="checkbox"/> Nebuliser – used daily   |
| <input type="checkbox"/> Oxygen concentrator   | <input type="checkbox"/> Positive Airway Pressure device  |
| <input type="checkbox"/> Heart pump            | <input type="checkbox"/> Phototherapy equipment   |
| <input type="checkbox"/> Suction pump          | <input type="checkbox"/> Airbed vibrator  |
| <input type="checkbox"/> Insulin pump          | <input type="checkbox"/> Electric wheelchair  |

3. Does the patient suffer from an inability to regulate body temperature and medically require additional heating/cooling in their home because of this condition?

No  ▶ Please go to question 5

Yes

4. What condition(s) does this patient have that causes the inability to regulate body temperature, and without the use of medically required heating and/or cooling, risk causing serious harm to his/her health?

Tick all that apply

Spinal cord injury at or above the T7 level

Stroke

Brain injury

Neurodegenerative disorder

Muscular dystrophy

Full thickness burns on more than 20 percent of the body

Rare disorders of sweating including congenital absence or mal-development of sweat glands

Chronic erythroderma

5. Medical Practitioner's details

Name

Prescriber stamp  
(Stamp here if applicable)

Provider number

Contact number

5. Medical Practitioner's certification

I certify that:

- the patient requires the use of the essential medical equipment or medically required heating and/or cooling as indicated.

Medical Practitioner's Signature

Date