

Home Dialysis Concession Application for Tenants

Important – if all requirements below are not met, you are not eligible for a concession

- Are you a tenant?
- Are you undergoing haemodialysis treatment at home?
- Have you paid for the water consumed at the property where the treatment is undertaken?
- Can you provide receipts or documentation evidencing payment of the water consumed?

Section 1 – Patient Contact Details

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Section 2 – Further Details

Hospital where patient is registered for treatment: _____

Is haemodialysis treatment being undertaken at the same address as above? Yes No
(If NO, please complete the following address details)

Address: _____

Suburb: _____ Postcode: _____

Section 3 – Patient Payment Details

Electronic Payment

Account Name: _____

Bank _____ BSB Number _____ Account Number _____

Section 4 – Applicant Declaration

I / We, _____ believe that all information provided on this form is true and correct.

Signature of **Applicant/Patient**: _____ Date: _____

Privacy Collection Notice:

Logan City Council is collecting your contact details to process a claim for reimbursement of water charges in accordance with Councils Home Dialysis and Medical Treatment Water Concessions Policy. The information will only be accessed by employees and/or Councillors of Logan City Council. Your information may be passed to the relevant hospital for verification or on occasions to an external party, such as a licensed plumber when an issue to water supply exists but will not be given to any other person or agency unless you have given us permission or we are required by law.

COUNCIL USE ONLY

LOGAN CITY COUNCIL
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LOGAN CENTRAL DC QLD 4114
AB & GST NUMBER
21-627-796 435
LOGAN.QLD.GOV.AU

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METER READING & DATA MANAGEMENT

ENQUIRIES:
TEL: (07) 3412 3412
EMAIL: COUNCIL@LOGAN.QLD.GOV.AU



Office use only

- Has correct notification and consumption estimate been received from Queensland Health?
- Has water consumed at the property been paid for by the patient residing at the property?
- Have receipts or documentation evidencing payment of the water consumed been provided?
- Has concession previously been provided for this billing period?

Billing Period	Year	Allowance of kL	Consumption Charge
<input type="checkbox"/> 1 January – 31 March	_____	_____	_____
<input type="checkbox"/> 1 April – 30 June	_____	_____	_____
<input type="checkbox"/> 1 July – 30 September	_____	_____	_____
<input type="checkbox"/> 1 October – 31 December	_____	_____	_____

Authority and declaration

I confirm this application is eligible for the concession claim:

Requesting Officer Signature:	Date:
Position Title:	

*** GST is not applicable for these concessions**

Particulars	Rate Code	Ledger Code	Account Number	Amount

All details contained on this form are correct for payment, and the account number/s quoted have sufficient funds available. (Authorising Officer CANNOT be Requesting Officer)

Authorising Officer Position Number

Authorising Officer signature & print name

Authorising Officer Position Title

Finance use only

BATCH #	
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