



# North Queensland Ostomy Association Inc

ABN 42 962 654 704



## Application for Access to Federal Government Stoma Appliance Scheme

This form is to be completed and emailed to [admin@ngostomy.org.au](mailto:admin@ngostomy.org.au) or posted to:

**The Secretary, North Queensland Ostomy Association Inc.**

Title:		Surname:		Given Names:		DOB:	
Home Address:						Post Code:	
Postal Address:						Post Code:	
Mobile number:				Phone number:			
Emergency Contact:				Email:			
Medicare No.:						IRN	Valid to: ____/20__
Pension or Commonwealth Health Care Number				Valid to: __/__/__			
Department of Veteran Affairs Number				Card Colour: Gold / White			



Cards to be sighted to validate that the number is current at the time of application.

Type of Stoma	Permanent: Yes / No		Temporary: Yes / No	
Type of appliance and pharmaceutical being used:				
Stomal Therapy Nurse	Phone:			
Hospital / Medical Facility				
Do you already have an Entitlement Card	Yes / No	If yes, please state card no:	Ostomy Association which issued card:	

**(1)** I have attached and signed a Stoma Appliance Scheme (**SAS**) Application Form

**(2)** Payment of the \$80 (**SAS** Access Fee) or \$70.00 (Concessional **SAS** Access Fee) has been made by:

☐ Bank transfer NAB Bank BSB: 084 970 Account No. 50899 2151 Please include your surname on transfer.

☐ Debit/Credit Card Payment  

Card No: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ CCV: \_\_\_\_\_

☐ Cheque enclosed ☐ Money order enclosed ☐ Cash enclosed

**Australia Post Fee:** Postage fee for parcels up to 3kg - \$22.00 ; parcels up to 5kg - \$26.00 , parcels over 5kg from \$30.00 depending on weight. Members requiring orders to be posted are requested to pay postage prior to the dispatching of orders.

**(3)** I agree to abide by the Constitution of this Association.

Signed:.....

Date:.....

Official use only: Date:.....

Entitlement Card No:.....