



# 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			Gold Card ___ Valid to: ___/___/___		

Cards to be sighted by the Stomal Therapy Nurse 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:.....