Deregistration for Life Support Equipment

Customer Details:

Full Name:

Mailing Address:

Contact Number:

Email Address:

Account Number:

Date of Birth: DD / MM / YYYY

Authorised Representative Details:

[to be completed if an Authorised Representative is completing the form on the Account Holders behalf]

Full Name:

Street Address:

Suburb: State: Postcode:

Mailing Address:

Contact Number:

Email Address:

Date of Birth: DD / MM / YYYY

Supply Address where the Life Support Equipment was Previously Located:

Street Address:

Suburb: State: Postcode:

Embedded Network Meter Number:

National Metering Identifier (NMI) for your Embedded Network:

Life Support Equipment:

Type of Life Support Equipment Previously Registered:

☐ Positive Airways Pressure (PAP) Devices Oxygen Concentrator	☐ Positive Airways Pressure (PAP) Devices Oxygen Concentrator (24hr)	☐ Ventilators
☐ Home Dialysis Machine	☐ Phototherapy Equipment	☐ External Heart Pump
☐ Enteral Feeding Pump	☐ Total Parenteral Nutrition (TPN) Pump	☐ Oxygen Concentrator

☐ Other Life Support Equipment (please detail): _____

Reason for Deregistration:

☐ The person using the Life Support Equipment has vacated the premises.

☐ The Life Support Equipment is no longer required.

☐ Other (please specify): _____

Medical Certification (if applicable):

I, [Doctor's Name] hereby certify that a person residing at the above address no longer requires the Life Support Equipment previously registered.

Signature/Stamp of Medical Practitioner: _____

Date: DD / MM / YYYY

Customer Certification:

By signing below, I confirm that the Life Support Equipment previously registered at the above address is no longer required. I understand that NeoGrids will update my account accordingly and that this deregistration will take effect immediately upon receipt of this form.

Signature of Customer/ Authorised Representative:	
Date:	DD / MM / YYYY

Submission Instructions

Email: support@neogrids.com

Mail: NeoGrids Customer Support

Level 19, 180 Lonsdale Street,

Melbourne VIC 3000

NeoGrids Office Use Only

Received By:	
Date Received:	
Reference Number:	
Action Taken:	