

Pre-IVF Fertility Testing Rebate Declaration Form

From 1 January 2023, women in NSW can claim \$250 for out-of-pocket costs for eligible pre-IVF fertility tests.

For program guidelines, eligibility and how to apply, go to <https://www.service.nsw.gov.au/transaction/apply-pre-ivf-fertility-testing-rebate>

Use the Pre-IVF Fertility Testing Rebate Checklist (the Checklist) to complete this Declaration Form. The Checklist is available at: <https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/maternity/Documents/ivf-rebate-checklist.pdf>

To be completed by the Specialist:

I declare the following:

- I have accessed and referred to the Checklist in completing this form.
- The patient/s is being assessed for a fertility issue, as defined in the Checklist.
- I confirm the patient/s has received at least one of the fertility tests listed in the Checklist; and has incurred an out-of-pocket cost for the test/s.
- I acknowledge Service NSW and NSW Ministry of Health will store the information provided on this form to assess and manage the rebate. I understand Service NSW will handle this information in line with their privacy statement at <https://www.service.nsw.gov.au/pre-ivf-fertility-testing-rebate-privacy-statement>

Details of specialist:

Specialist's full name: _____

Specialist's Medicare provider number: _____

Specialist's signature: Dr A Clark

Date signed: _____ (dd/mm/yyyy)

To be completed by the Female Applicant:

I declare the following:

- I am a resident of NSW.
- I and/or my partner or gamete donor has accessed fertility testing for the purpose of conceiving a child.
- I have not previously claimed the rebate and no one has previously claimed the rebate on my behalf.
- The Specialist has used the Checklist to check my (or my partner and/or gamete donor's) eligibility and explained how I can claim for the rebate.
- I acknowledge Service NSW and NSW Ministry of Health will store the information provided on this form to assess and manage the rebate. I understand Service NSW will handle this information in line with their privacy statement at <https://www.service.nsw.gov.au/pre-ivf-fertility-testing-rebate-privacy-statement>

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To be completed by the Female Applicant (cont.):

Details of Female Applicant:

Female Applicant's full name: _____

Female Applicant's signature: Dila M Demir

Date signed: _____ (dd/mm/yyyy)

To be completed by the Other Patient:

This declaration is only required if applicants are claiming for fertility tests received by a patient who is not the Female Applicant.

I declare the following:

- I am a resident of NSW.
- I am accessing fertility testing for the purpose of conceiving a child.
- I have not previously claimed the rebate and/or no one has previously claimed the rebate on my behalf.
- The Specialist has used the Checklist to check my eligibility for the rebate.
- I acknowledge Service NSW and NSW Ministry of Health will store my personal and health information to assess and manage the rebate. I understand Service NSW will handle this information in line with their privacy statement at <https://www.service.nsw.gov.au/pre-ivf-fertility-testing-rebate-privacy-statement>
- I acknowledge that, to claim this rebate, the Female Applicant will have access to my health information by submitting this form and my receipt/s for the relevant test/s. I consent to her using this information to apply for the rebate.

Details of Other Patient:

Other Patient's full name: _____

Other Patient's signature: D M Demir

Date signed: _____ (dd/mm/yyyy)