

The NSW Government has introduced the pre-IVF Fertility Testing Rebate, which is a \$500 rebate for out-of-pocket medical expenses incurred by eligible persons for certain pre-IVF fertility testing (the rebate). See <https://www.service.nsw.gov.au/transaction/apply-pre-ivf-rebate> for information on how to submit the completed form to claim the rebate.

This form must be completed with reference to the Pre-IVF Fertility Testing Rebate Checklist (the Checklist). This is available at [www.health.nsw.gov.au/affordable-ivf](http://www.health.nsw.gov.au/affordable-ivf).

## 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 expense associated with the fertility test/s.
- I acknowledge my personal information will be held by Service NSW and NSW Ministry of Health for the purpose of managing the rebate and handled in accordance with the Privacy Statement for Specialists at [www.health.nsw.gov.au/affordable-ivf](http://www.health.nsw.gov.au/affordable-ivf).

### Details of Specialist

Specialist's full name:

Specialist's provider number:

Specialist signature

Date signed:

## THE FEMALE APPLICANT

I declare the following:

- I am a resident of NSW and 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/or have not had a rebate previously claimed on my behalf.
- The Specialist has used the Checklist to check my (or my partner and/or gamete donor's) eligibility and explain how I can claim for the rebate.
- I acknowledge my health information will be held by Service NSW and NSW Ministry of Health for the purpose of managing the rebate and handled in accordance with the Privacy Statement for Patients at [www.health.nsw.gov.au/affordable-ivf](http://www.health.nsw.gov.au/affordable-ivf).

Female Applicant's full name:

Signature

Date signed

## OTHER PATIENT

I declare the following:

- I am a resident of NSW and accessing fertility testing for the purpose of conceiving a child.
- I have not previously claimed the rebate and/or have not had a rebate previously claimed on my behalf.
- The Specialist has used the Checklist to check my eligibility for the rebate.
- I acknowledge my health information will be held by Service NSW and NSW Ministry of Health for the purpose of managing the rebate and handled in accordance with the Privacy Statement for Patients at [www.health.nsw.gov.au/affordable-ivf](http://www.health.nsw.gov.au/affordable-ivf).
- I acknowledge that the Female Applicant will have access to my health information by submitting this form and my receipt for relevant testing, to claim the rebate.

Patient's full name:

Signature

Date signed