

# Fertility Treatment Rebate Declaration Form

To claim the Fertility Treatment Rebate, Part 1 and Part 2 of this form must be completed. Part 1 must be completed by an authorised representative of the fertility clinic that provided the fertility treatment. Part 2 must be completed by the Female Applicant.

The Female Applicant can claim \$2,000 towards eligible out-of-pocket costs for fertility treatment received on or from 1 October 2022.

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

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

## PART 1 – To be completed by an authorised representative of the fertility clinic

**Important note:** You must refer to the Checklist prior to completing this Declaration Form.

**I declare the following:**

- I am authorised to complete and sign this Declaration Form on behalf of \_\_\_\_\_ (clinic name) at \_\_\_\_\_ (clinic address) (“the Clinic”) and the ART Provider named below (“the Provider”).
- \_\_\_\_\_ (Female Applicant’s full name) (“the Female Applicant”) is a patient of the Clinic and the Provider.
- On or after 1 October 2022, the Female Applicant was provided with Assisted Reproductive Technology (ART) treatment at the Clinic, and has incurred an out-of-pocket expense associated with that treatment.
- The ART treatment provided to the Female Applicant was not for the sole purpose of fertility preservation.
- The Clinic is:
  - accredited to provide the ART treatment by the Reproductive Technology Accreditation Committee (“RTAC”) of the Fertility Society of Australia, in accordance with the RTAC Australia & New Zealand Code of Practice.
- The Provider is a registered medical practitioner and is responsible for the provision and oversight of the ART treatment. The Provider has agreed to their details being provided on this form.
- 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/privacy-collection-notice/fertility-treatment-rebate-program>.

### Details of clinic, Provider and clinic representative:

Name of Clinic: \_\_\_\_\_

RTAC Accredited Unit Number: \_\_\_\_\_

Provider’s full name: \_\_\_\_\_

Clinic representative’s full name: \_\_\_\_\_

Clinic representative’s signature: \_\_\_\_\_

Date signed: \_\_\_\_\_ (dd/mm/yyyy)

# Fertility Treatment Rebate Declaration Form

## PART 2 – To be completed by the Female Applicant

**Important note:** You must refer to the Checklist prior to completing this Declaration Form.

**I declare the following:**

- I am a resident of NSW.
- I have not previously claimed the Fertility Treatment Rebate.
- On or after 1 October 2022, I was provided with fertility treatment at the Clinic, and I incurred an out-of-pocket expense associated with that treatment.
- The ART treatment provided to me by the Clinic was not:
  - for the sole purpose of fertility preservation, or
  - part of lower cost fertility treatment provided at a publicly supported IVF clinic.
- 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/privacy-collection-notice/fertility-treatment-rebate-program>.

### Details of Female Applicant:

Female Applicant's full name: \_\_\_\_\_

Female Applicant's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_ (dd/mm/yyyy)