

 <b>Queensland Government</b> Medical Aids Subsidy Scheme Queensland Health	(Affix identification label here)	
	Family name:	
	Given name(s):	
<b>MASS 70</b> <b>Acquittal</b>	Date of birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I

This form is used by supplier, prescriber and client for the acquittal of aids supplied by MASS.

MASS staff, in accordance with the MASS Privacy Statement, are committed to maintain strict confidentiality in all aspects of service delivery. You are assured that this information will remain confidential. Your information will not be divulged without your consent, except where required by law.

MASS requires an acquittal process to be undertaken for all assistive technology over \$1,000.

### Section A – Supplier to complete at time of delivery of the aid

Description of aid supplied	Date supplied
Method of delivery	MASS purchase order no.
Supplier name	Representative name
Representative signature	Date

### Section B – Prescriber/delegated health professional to complete after reviewing aid with client

I <input type="checkbox"/> <b>am</b> / <input type="checkbox"/> <b>am not</b> satisfied that the aid provided is in accordance with the prescription and quote submitted to MASS.
If not satisfied, please provide reason

The following questions are to ensure that the aid prescribed is satisfactory to the client and suitable for their needs. If any of the following are answered "No", please contact a MASS Clinical Advisor to discuss.

Is the client comfortable using the aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the aid provide the prescribed functional outcome? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client satisfied with the aid? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Prescriber/delegated health professional details

Organisation name		Phone number
Print Name	Signature	Date

### Section C – Client to complete after receiving the aid, indicating satisfaction

I acknowledge that the aid/s referred to in this form has been received and; I <input type="checkbox"/> <b>am</b> / <input type="checkbox"/> <b>am not</b> satisfied with the aid.
If not, please provide details
Have you been provided advice in: <input type="checkbox"/> in use of the equipment <input type="checkbox"/> future maintenance and repair <input type="checkbox"/> a user manual

### Client/Guardian or authorised decision-maker on behalf of client details

Print Name	Signature	Date
If authorised decision-maker, specify authority e.g. Enduring Power of Attorney		

### Submit completed form to a MASS Service Centre

**Email:** [MASS184@health.qld.gov.au](mailto:MASS184@health.qld.gov.au)  
**Website:** [health.qld.gov.au/mass](http://health.qld.gov.au/mass)  
**Telephone:** 07 3136 3636

**Brisbane:** PO Box 281, Cannon Hill Qld 4170  
**Townsville:** PO Box 1494, Townsville Qld 4810

