



NEW MEMBERS WELCOME TO OSTOMY NSW





WHO IS OSTOMY NSW LIMITED (ONL)?

- We are one of 20 Associations in Australia authorised to distribute stoma supplies. Often referred to as “ONL”.
- We are a company Limited By Guarantee – owned and operated for our members.
- We are a registered charity with the Australian Charities Not-for-profit Commission (ACNC).
- 16 part-time or casual paid staff (10 FTE); 35 volunteers (3.5 FTE).
- Governed by a volunteer Board of Directors.
- 6000 members – some have been with us for many years.

HOW DO I ORDER?

- Orders must be in writing: ensures accuracy, provides an audit trail for Medicare.
- There are a variety of methods:
 - Online: https://www.ostomynsw.org.au/order_form18.php
 - Email: orders@ostomynsw.org.au
 - Fax: 02 9542 1400
 - In writing to Ostomy NSW Limited, PO Box 3068, Kirrawee, NSW, 2232
- There are 3,915 items on the Stoma Appliance Schedule – your code numbers are very important.
 - eg. 10165 and 10365 are different products (closed and drainable)
 - Our team uses the code you provide us, not the description. 29730 “25 mm please” may give you the wrong item.

HOW DO I ORDER?

- Provide your membership number, name and delivery address with your order. We will check our records and update if there are differences.
- You may specify a different or temporary address for an order.
- Medicare number – we claim on your behalf.

ONLINE ORDERING IS PREFERRED



HOME ABOUT MEMBERS RESOURCES FORMS SOCIAL MEDIA CONTACT

DONATE NOW

Online Order Form

Please read our Coronavirus COVID-19 response to members on our Home page before completing your order.

First Name: *

Last Name: *

Email: *

Phone: *

Member Number: *

*Your Medicare Number: (10 digits)

*Position on Medicare card: (alongside your name)

Medicare Expiry Date:

Pension/Concession number (if applicable)

Pension/Concession Expiry Date:

Delivery Method:

Post

Pickup from Monro Ave

Pickup from Princes Hwy

Delivery Address: (for Post option above)

Please allow Australia Post up to 10 working days to deliver your order.

Ostomy Orders

From: Ostomy Info
Sent: Monday, 30 November 2020 1:05 PM
To: Ostomy Orders
Subject: ONL Web Order Form

Hi ONL,

This email is the result of someone completing the Order Form on your website. Their details are as follows:

Name: Stephen Lardner
Email: stephen@ostomynsw.org.au
Phone: 95421300
Member Number: 987632
Medicare Number: 12345678911
Medicare Expiry Date: 02/2025
Delivery Method: Post
Delivery Address: TEST order, from here!

PRODUCTS ORDERED:

#1

Brand: ONL
Product Code: ABC
Description:
Quantity: 10

#2

Brand: ONL
Product Code: XYZ
Description:
Quantity: 5

Supplies to be purchased or Special Instructions:
TEST ONLY!!

Amount Paid:
Date Paid:

** With compliments of your ONL Website **

WHAT IS THE COST?

- Annual membership fees for 2023/24 are \$75 full member and \$65 concession member.
- Your membership fee provides around 30% of our running costs.
- Postage \$15 in NSW, \$20 interstate, \$22 Express. This offsets our postage costs from Australia Post eParcel.
- That's all!!
- Ostomy NSW does not keep debit or credit card details on file – you will need to quote these each time you make a payment.
- We process your Medicare rebate and Dept of Health pays a 2.75% commission to ONL- only 30% of our running costs.
- **Donations** are important and greatly appreciated - \$2 and above are tax deductible.

YOUR INFORMATION AND PRIVACY

- Email address and phone numbers – please keep us up to date with any changes.
- We use email to contact you and for eParcel tracking.
- Our computer system SAMS is secure.
- We never send your personal information outside of ONL, without your permission (for instance, you may ask us to supply your details to a supplier).
- Large email communications are sent as “blind copy” or through secure third parties.



PACKING SLIP



OSTOMY NSW LTD
PO BOX 3068
KIRRAWEE NSW 2232
Tel : 02 9542 1300
Fax: 02 9542 1400



Ms. N. MEMBER
1 STREET ROAD
KIRRAWEE NSW 2232

EMAIL: new.member@bigpond.com
MOBILI 0400 123 456

Member No: **12345X**

Delivery
NSW

Packing form : 26/04/2022

*** Membership Fees for 2022/23 are soon due ***
Full membership \$70
Concession \$60
Membership fees must be paid by 1st July 2022.
Thank you for your prompt attention to payments.

The balance of your account, after any costs associated with this order is \$62.00.

You may use the reverse of this form to order again when you next require supplies.
Fill in the order form and then fax to (02) 9542 1400, mail to the address above or scan and email to orders@ostomynsw.org.au.

The following products are enclosed

Supplier Item No	Supplier	Description	Units	Packets	Maximum
402532	CC	STOMAHESIVE 402532 SYS. 2 STD. DRAINABLE 38MM	60	6 pkt	60
125143	CC	STOMAHESIVE 125143 SYS. 2 WAFERS 38MM	5	1 pkt	30
183910	CC	STOMAHESIVE 183910 PASTE 60G	1	1 pkt	3

Front

See other side for order form

Version: Oct 2021



ORDER FORM

PO BOX 3068
KIRRAWEE 2232
Phone: 02 9542 1300
Fax: 02 9542 1400

Hours of Operation
We are open to members 4 days a week only, Monday to Thursday.

Telephone lines open 8.00 am to 4.30 pm

Received

Email: orders@ostomynsw.org.au

Please complete all relevant information

Name		Member No.	
Medicare Number		Expiry Date: ____ / ____ / ____	
Delivery Address			
Post Code			
Delivery Method			
Post <input type="checkbox"/>	Pick up <input type="checkbox"/>		** NOT CURRENTLY AVAILABLE **
Payment Method (Do not send cash)		Amount Paid \$	
Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Direct Debit <input type="checkbox"/> Date Paid ____ / ____ / ____
BSB 112-879, Account No. 456643389 Identify this with member number and a word describing the payment (e.g. "Postage" or "Fees" or "Donation")			
Please charge my credit card (minimum \$45.00) (Only Mastercard and Visa are accepted and the minimum amount is equal to 3 postal deliveries)			
Name on card		Expiry Date	
Card No.		CVC No. (get 3 digits on back of card)	
Brand	Product Code	Description	Quantity

Back

Write here any supplies to be purchased or any special instructions for delivery of your order:

Please allow Australia Post up to 10 working days to deliver your order, subject to your location.



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Received

Name	Member No.
Medicare Number	Expiry Date: ____/____/____

Delivery Address

Post Code

Delivery Method

Post Pick up ** NOT CURRENTLY AVAILABLE **

Payment Method (Do not send cash)

Cheque Money Order Credit Card Direct Debit Date Paid ____/____/____

BSB 112-879, Account No. 456643389
Identify this with member number and a word describing the payment (e.g. "Postage" or "Fees" or "Donation")

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Introducing Lee Gavegan CNC STN



DISCLAIMER

OSTOMY NSW LIMITED SUPPORTS ALL COMPANIES EQUALLY SUPPLYING STOMA & RELATED PRODUCTS.

THIS PRESENTATION IS FOR EDUCATION ONLY AND DOES NOT REPLACE DISCUSSING / SEEING YOUR STOMAL THERAPIST WITH ANY ISSUES YOU MAY BE CONCERNED ABOUT.