

# Wonnarua Nation Aboriginal Corporation

## Health Claim Form

Supported by  **Centennial Coal** through the Newstan Master Deed

Please note that there are limited funds available and not all claims can be paid. Each person can make only 2 claims per year and the annual benefit is limited to \$1,500.00 per person. Once completed this form should be mailed to **PO Box 3008, Singleton Delivery Centre, NSW, 2330.**

### APPLICANT DETAILS

Name:	
Address:  (If you would like the funds sent via direct deposit please advise Bank, BSB and account details.)	
Phone:	Mobile:
Email Address:	

Are you full member of the WNAC?	Yes	No
Are you an associate member of WNAC?	Yes	No
Are you a descendant of Sara Madoo?	Yes	No
Do you have private health insurance?	Yes	No
Is this claim subject to a worker's compensation claim?	Yes	No

Under the WNAC draft Health Policy payment will be considered for a range of treatments and support processes. These are broadly defined as:

- Relief of Pain and Suffering
- Help in recovering from an injury
- Assisting in improving a medical condition that is preventing you from working
- Gap payments on services partly reimbursed by health funds
- Providing respite care
- Facilitating access to a health service that would not otherwise be available
- Reducing the effect of a disability or injury

**Note: In addition to the above, the Health Panel may be able to assist with preventative treatments costs. A claim form and details should be lodged for consideration.**

Payments will only be made in respect of the balance owing after claim on Medicare (and private health insurance/workers compensation if applicable). In some circumstances there will be no Medicare support available. While the draft policy is still in operation the assessment panel may also consider claims outside of these areas for inclusion in the final policy, which will be determined after the fund has been in operation for a year or so.

**CLAIM DETAILS**

Please state the nature of the treatment or support you are requesting funding for:

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**You must tick one of the boxes below and provide the supporting documentation required for that option or payment will not be made**

**I have paid the accounts** and claimed from Medicare and my private health fund (if applicable) and request payment direct to me

(you will need to enclose copies of receipts and payment statements from Medicare and / or private health fund).

**I have not paid** the accounts but have claimed from Medicare and my private health fund (if applicable) and request payment direct to the supplier of the service.

(You will need to enclose copies of invoices from the service provider (medical practitioner or facility) and payment statements from Medicare and / or private health fund).

**I have not yet had the service**, but request approval for funding in advance of obtaining the service (note that these requests are only considered quarterly so there may be a delay in responding). This should not be used for urgent requests. Where approval is given in advance, payment will later be made in accordance with 1 or 2 above.

I .....have read and understand the conditions of this application, and state that all information provided is true and correct, and accept the decision made by the WNAC Committee in relation to this application is final.

Signed: .....

Date: .....