

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 may be paid. There is an annual benefit of \$1,000.00 per person. There is a lifetime benefit limit of \$10,000.00 per person. Once completed this form and relevant invoices should be mailed to:

PO Box 889, The Junction, NSW, 2291

APPLICANT'S 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

Some examples of how the WNAC Health Fund may be able to assist you:

- Dental/orthodontic work, **excluding teeth whitening and cosmetic dental work**
- Glasses/contact lenses
- Hearing aids
- Doctor's visits (after Medicare rebate)
- Physiotherapy/chiropractic costs, **excluding massage**
- Out of pocket expenses while in hospital
- Hospital admission excess payment (for private health insurers)
- Mobility equipment like walking frame/scooter/circulation boosters (Doctor's confirmation required that this would be beneficial to health and well being)
- Hydrotherapy and aerobic classes to assist with arthritis (Doctor's confirmation required that this would be beneficial to health and well being)

As of May 2018 prescription medicine/pharmaceutical costs are no longer covered.

Note: Assistance towards funeral expenses can be claimed on a separate claim form. Go to www.wonnarua.org.au to download form or request by email health-education@wonnarua.org.au

CLAIM DETAILS

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

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.

Ihave 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: