

APPLICATION FORM



MURUJUGA
ABORIGINAL CORPORATION
MEMBER ASSISTANCE

Program 3: Medical Assistance

This Program supports MAC Members with costs associated with medical treatment. Refer to the MAC Member Assistance Guide at www.murujuga.org.au/Members when completing this form. Contact the MAC Member Assistance team by email applications@murujuga.org.au or phone 08 9144 4112 for help.

Yearly limit: \$3,000	Eligibility: MAC Member
Included items: Health expenses prescribed by a doctor/medical specialist Dental, psychology & 2 pairs of prescription glasses per year Prescription-only pharmacy items Ambulance, Mobility aids White goods used for medical purposes Flights & accommodation where not covered by PATS Grocery cards (50/day) Carer costs (refer Member Assistance Guide) Medical assistance of Member's child Assistance for Member to be with a family member in hospital	Excluded items: Cosmetic treatment Private health insurance Taxis, rideshare, parking, vehicle rental and fuel Intrastate travel unless no local provider available Weight loss/meal replacement programs Medicare-covered costs, Non-prescription glasses Non-prescription pharmacy items Cancellation fees Medical costs incurred by non-MAC Member, spouses or friends of Member

Member to complete:

First name:

Surname:

Previous surname (if applicable):

Home Address:

Postal Address:

Home Phone:

Mobile Number:

Email Address:

Date of Birth:

I declare that I am a Traditional Owner / Custodian from the following MAC group (tick relevant box):

☐

Yaburara

☐

Mardudhunera

☐

Ngarluma

☐

Yindjibarndi

☐

Wong-Goo-Tt-Oo

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My Medicare number:

My private health insurance company (if applicable):

Details of expenses for which Assistance is sought:

Item:

Value in dollars and cents

Details for reimbursement (exceptional circumstances for medical emergencies only)

Bank:

Account Name:

BSB:

Account Number:

By completing this form, I agree to the following (tick boxes if you agree):

- ☐ I have exhausted other sources of medical assistance including Medicare, PATS, (Patient Assisted Travel Scheme), PBS (Pharmaceutical Benefits Scheme), private health or travel insurance, to meet my needs.
- ☐ I am not receiving funds from a PBC, trust or other corporation for the same medical expense items claimed here.
- ☐ I have completed all details on this form to the best of my knowledge.
- ☐ I have attached relevant supporting documents (supporting letter from a medical practitioner, medical invoices from supplier or quotes showing payment details, PATS documents, medical referral and appointment, proof of payment (bank statement in Member's name).
- ☐ I understand that MAC has limited resources and, as such, will prioritise assistance to Members who cannot access other sources of funding.

Applicant signature

Date

Submit your completed and signed form, and all supporting documents, to MAC:

By email to applications@murujuga.org.au

By post to PO Box 1544, Karratha WA 6714

In person at MAC head office, Lot 501 Griffin Road, Burrup Peninsula WA 6713

Allow 3-5 business days for an application to be processed. MAC will contact applicants regarding the outcome of their application. If the application is successful, MAC will arrange for payment directly to the service provider.

MAC does not make payments to Members, other than reimbursements in limited, exceptional circumstances, such as emergencies. Applications for reimbursement must be submitted within 30 days of the relevant payment being made and must include bills, receipts, and proof of the payment transaction from the applicant's bank statement.