APPLICATION FORM

MURUJUGA
ABORIGINAL CORPORATION
MEMBER ASSISTANCE

Program 3: Medical & Health Assistance

This Program supports members with costs associated with medical treatment. Refer to the MAC Assistance Guide at www.murujuga.org.au/Members when completing this form or contact the Member Services Coordinator on email applications@murujuga.org.au or phone +61 405 541 865 or 08 9144 4112 press OPTION 1 for help.

Yearly limit: Up to $5,000	**Eligibility:** Be a member of one of the Contracting Claim Groups and/or dependents of a member
Eligible items may include: Medical and health expenses Medical support and mobile aids Specialist health services *More outlined in MAC Assistance Guide*	**Ineligible items may include:** Cosmetic treatment and products Vehicle hire, fuel, rideshares Non-prescriptions items *More outlined in MAC Assistance Guide*

Member to complete:

First name:

Surname:

Home Address:

Postal Address:

Contact Number:

Date of Birth:

Email Address:

I declare that I am a member of the Contracting Claim Group (tick relevant box):

☐ Yaburara ☐ Mardudhunera ☐ Ngarluma ☐ Yindjibarndi ☐ Wong-Goo-Tt-Oo

APPLICATION FORM

Program 3: Medical Assistance

Details of expenses for which Assistance is sought:

Item:	Value in dollars and cents

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