

COMMUNITY PROGRAM 3:

## HEALTH AND WELLBEING

### 3.3 MEDICAL and DENTAL TRAVEL

Applications for travel are required no later than four days prior to travel

This program provides up to **\$15,000 per financial year** (including dependent children) for medical or dental travel expenses, if not available through PATS or other providers.

All Dependent Children must be registered with IBN using the **Dependent Child Advice Form** and only the parent or legal carer of a dependent child may apply for benefits to assist the child.

#### Applicant details

Applicant Name (Member or legal carer)

Date of Birth  Gender  Male  Female

Patient's name

Date of Birth  Gender  Male  Female

Current home address

Postcode

Phone

Email address

Have your personal details changed?

No

Yes (*If yes, please complete an 'Update personal details' form and attach it to your application.*)

Language Group:  Yinhawangka  Banyjima  Nyiyaparli  Non-IBN legal carer

Patient's Medicare Number

Name of private health fund

Private health fund number

What is the reason for the travel?


Have you applied to PATS or other sources for assistance?  Yes  No

If yes – what amount was approved?

## Items for purchase (NO CASH PAYMENTS)

For details on what expenses IBN will cover, please see the IBN 2020-21 Community Programs Handbook, or the IBN website [www.ibngroup.com.au](http://www.ibngroup.com.au)

Description of item	Supplier	Amount
		\$
		\$
		\$
		\$
	TOTAL	\$

Comments


Food and fuel – please tick your preferred payment method

Food voucher

Food card

Fuel voucher

Fuel card

## Required Documents (please attach)

Doctor's or dentist's referral

Confirmation of the medical or dental appointment

Copy of private health, ambulance cover or travel insurance

Evidence that PATS or other source was sought and how much was approved

Supplier quotes or invoices including payment details

Where relevant

IBN Dependent Child Advice Form (if required)

IBN Update Personal Details form (if required)

## Declaration

I declare that the information I have provided in this form is true and correct. and the benefits are for my own use or for my own child or a dependent child who is legally in my care.

I agree that IBN may share my information with other organisations for application assessment purposes.

Signature

Date

/ /
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### Need help?

Contact: (08) 9140 0900

Freecall: 1800 014 401

### Return this application to:

Email to: [applications@ibngroup.com.au](mailto:applications@ibngroup.com.au)

Post: PO Box 2390, South Hedland, WA 6722

Fax: 08 9140 0996

In person: 3 Brand Street, South Hedland

973 Central Road, Tom Price

Unit 3, 4 Welcome Road, Karratha

### Office use only

Date received 

/ /
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 CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240