

**Medical Fund Policy**
*Relief of Poverty and Advancement of Social Welfare*

Provides each registered beneficiary, as well as their dependants and/or spouse, with financial assistance toward general medical costs. This is including, but not limited to, dental, optical and preventative medicine and medical purpose equipment such as mobility aids and frames, wheelchairs, scooters, etc., upon referral by a medical practitioner. The policy can also assist with costs incurred when attending medical appointments, such as travel and accommodation.

**Beneficiaries must source local medical treatment first unless that service is not available or specialised treatment is required. Otherwise treatment must be sourced at the nearest regional centre.**

**BENEFICIARY INFORMATION**

Application Date:		Date of Birth:	
Full Name:			Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Street Address:			
City / Suburb:		State:	Postcode:
Email:		Phone:	

Please tick if the phone number provided is a new number and you would like us to update your contact details

**APPLICATION DETAILS**

Patient Name (if not beneficiary):	Relationship to beneficiary e.g. spouse, child, parent:
Medical condition / procedure:	
Estimated time away from home (if applicable):	

**APPOINTMENT DETAILS / FUNDS REQUESTED**

Travel: \$ .....  Fuel  Flights Travelling from:.....

**Capped travel allowance of up to \$750 per application (return trip) in relation to kilometrage only.**

Diagnosis / Treatment: \$ .....  Diagnosis / Tests  Surgery  Medication  Rehabilitation

Practitioner: .....

Appointment fees: \$ ..... Dates of appointments:.....

Accommodation: \$ ..... Hotel / provider: .....

Living costs / food allowance: \$ .....  Daily food allowance Number of days:.....

Other costs: \$ ..... Please specify: .....

**TOTAL \$ ..... Up to \$15,000 per beneficiary per FY (included in overall combined limit of \$15,000)**

**Payments are made directly to suppliers with the exception of travel, food and incidentals which are paid at a daily ATO rate.**

Have you been in contact with a travel agent?  Yes  No

**REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER?**

Have you already paid the bill?       Yes       No

If **'yes'** please provide:       Quote / invoice/ receipt detailing services and that the account has been paid; and / or  
    Bank statement / remittance showing the funds were paid from your bank account.

If **'no'** please provide:       A quote or invoice from the supplier detailing the services and the amount owed; and  
    Supplier contact, payment details and ABN, these details should be included on the supplier invoice.

**Supporting Documentation:**       Supporting documentation from relevant Medical Professional / appointment confirmation; and  
    Invoice / quote / receipt detailing services and outstanding amount is attached; and  
    Supplier contact, payment details and ABN, these details should be included on the supplier invoice.

*Note: Medicare and Private Health rebates will be deducted before payment is processed.*

**Applications will NOT be processed until supporting documentation and supplier payment details are received.**

- I am not claiming benefits from another source for this expense (e.g. another Trust, insurance company, government agency or employer).
- I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once all required supporting documentation has been received.**

**Beneficiary Signature:** .....      **Date:**      /      /

**NOTE: Please keep a record of your receipts as you may be asked to account for how these funds were spent as per the Yinhawangka Charitable Trust Deed.**

**Please send completed forms and supporting documents to Mutual Trust by:**

**Fax:** (08) 9230 7701    **Email:** [perthadmin@mutualtrust.com.au](mailto:perthadmin@mutualtrust.com.au)

**Mail:** Mutual Trust, PO Box 122, NEDLANDS WA 6909

If you have any queries, please contact us on (08) 9230 7700