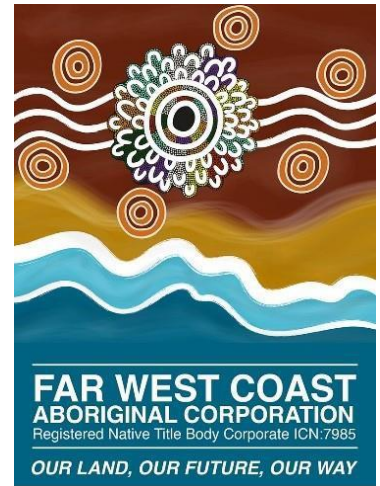


# Medical Assistance Policy and Application

Please note: no cash can be paid.



## MEDICAL SUPPORT POLICY

### - INTERPRETATION.

The aim of medical support funding is to provide a contribution towards the cost of transport to members of the Native Title holding community and Aboriginal persons who has lived on the Native Title determination area for a minimum of 10 years. Assistance maybe provided to attend specialist medical appointments away from their home community. Also, to members for urgencies such as RFDS evacuations. Assistance provided is at a capped amount subject to funding.

Where you are eligible under the chronic disease management program (diabetes, cancer, respiratory disease, cardiovascular, mental health and kidney) your Aboriginal community-controlled health service and/or primary health network officer must be consulted first to see if you are eligible through that program. You will need an appointment with your Doctor to develop a care plan. If you are an existing patient under this program, the FWCAC will need evidence of their support prior to submitting an application. This is to make sure the govt are paying for services they are responsible for and you, as a patient, are entitled to.

If your local GP has referred you today or within the last 5 days, and you are receiving a Centrelink benefit and require financial support to attend your specialist appointment. You maybe eligible for upfront PATS support through your local Health Service.

Applications will be subject to the policy and funding criteria at the time the application is lodged.

If an applicant reschedules their appointment, the assistance provided will be based on the policy and funding criteria at the time of the rescheduled appointment.

### - WHO CAN APPLY?

The FWCAC can support registered FWC members as well as Aboriginal people who have lived on the Native Title holding community for at least 10 years.

An Aboriginal person who is not a member, lives outside the Native Title determination area but within South Australia, must have their FWC Native Title rights qualified by the FWCAC board prior to receiving any assistance from the FWCAC and must also meet the mandatory criteria documented below.

Any person who is the primary carer of a FWC eligible child under the age of 18 years.

**This application is restricted to South Australia**, alternatively, if specialist treatment must be sought interstate due to no available services in South Australia, the application maybe considered on this basis only.

## MEDICAL SUPPORT POLICY

### - WHAT TYPES OF MATTERS MAY BE FUNDED?

At least 5 working days' notice needs to be provided to the FWCAC in the form of an application, of the applicant's appointment details. The earlier the application is received, the earlier the FWCAC can assist.

Applicants may apply for the following:

- Gaps in transport expenses. These expenses will be paid to a supplier.
- Evidence of appointment must be provided, by the applicant, and must include:
  - a. A letter from the medical specialist, including;
    - i. Date of appointment;
    - ii. Medical facility that needs to be attended (including whether this is the closest available), and;
    - iii. Brief description of the ailment;
  - b. PATS section 1 form to be included which indicates the travel method required and if an escort is required.
- The most cost-effective method of transport to medical appointments will be road (bus or vehicle). Air travel may be supported only if it is medically required to do so.
- The most cost-effective accommodation will be sought for applicants.

Escorts will only be supported if the patient is under 18, patient is elderly, or the escort is the active carer of the patient and the section 1 PATS form verifies this.

### - WHAT TYPES OF MATTERS WILL NOT BE FUNDED?

- **Specialist appointments will not be supported if the category of specialist visit the home community on a regular basis.**
- **Travel assistance will not be provided to attend a General Practitioner (GP) appointment outside your home community.**
- Applications may **not** be supported if you have had enough time to submit an application but have **not** provided the FWCAC enough time to arrange travel.
- Any payment for services received before an application is lodged and approved by FWC.
- Reimbursement of costs already paid by or on behalf of the applicant.
- Food will **not** be provided in the assistance. Members are expected to contribute toward this cost themselves.
- Direct payment of cash/bank deposit to individuals.
- Cosmetic and/or planned treatment including dental.
- Any travel that is the responsibility of another provider eg Medicare Local, SA Country PHN, PATS upfront support through your local health service.
- Travel for escorts unless the patient is elderly, under 18 or the escort is the active carer of the patient.
- Vehicle hire, repairs, registration and/or vehicle mileage for travel will not be funded.
- Consults and or Gap fee payments to attend medical/dental appointments and or scans, e.g. MRI, x-ray?
- Nungkri healing (If you need to see a nungkri these services are available at your local Aboriginal Health Service, Yadu Health Service Ceduna, Port Lincoln Aboriginal Health Service, Pika Wiya Health Service Port Augusta, Nunyara Health Service Whyalla, Nunkuwarrin Yunti of South Australia in Adelaide.
- Change of travel arrangements where it has already been funded from FWC if not medically required and or if the arranged travel cannot be refunded, also if the cost is outside the capped amount.
- Any type of immunization injections, flu shots, iron infusions or injections.
- Any type medical equipment, Hearing aids, replacement of broken and or new attachment's, maintenance e.g. breathing/oxygen machines, heart rate and or seizure detector machines where the registered member is on any care plan type or can be supported through the local health service.
- Cost of any cosmetic surgeries by choice.
- Any medication in tablet, liquid, ointment or in any other form.
- Vitamins of any sort, iron tablets, fish oil, etc.
- Personal items for medical reasons e.g. adult dependant pads of any type, wheelchairs, walking sticks, frames and gophers.
- Medical first aid e.g. bandages, dressings, etc.

## MEDICAL SUPPORT POLICY

### **- MANDATORY CRITERIA.**

In considering and assessing applications, the FAR WEST COAST ABORIGINAL CORPORATION requires applicants to meet all the mandatory criteria. The applicant is to:

- Show written evidence of your specialist appointment.
- Provide written information regarding other funds being received.
- All efforts must be made to ensure that the location of the appointment is in a location that is the closest and most practical to travel to wherever possible.
- Provide a PATS form with referral from local GP. Section 1 and 3 of this form is to be returned to the FWCAC with your application and section 2 on completion of your appointment to allow FWCAC to claim PATS on behalf of the applicant.
- Fill in an exchange of information authority form.
  
- An applicant must return Section 2 of a PATS to FWCAC upon request:
  - a) Before return travel is arranged for the applicant; OR
  - b) Within 5 days after your scheduled appointment date
  
- An applicant is not eligible for assistance for future appointments if:
  - a) An applicant fails to provide Section 1 or 2 of PATS forms when requested by FWCAC
  - b) The applicant fails to attend a pre-arranged appointment
  - c) The FWCAC is unable to get a full refund from providers if the applicant fails to arrive to travel on pre-arranged airlines or bus tickets, or fails to show at the pre-arranged accommodation venue.
  - d) The FWCAC has had to pay for any costs incurred when staying at accommodation venues which FWCAC has not approved (e.g mini bar, damage to premises, additional night's accommodation, additional guests etc.)

In these circumstances a), b), c) d) (outlined above) assistance will not be provided by FWCAC for a 12-month period, unless the applicant reimburses FWCAC any additional costs, or reimburses FWCAC any loss of refundable amounts or PATS claim.

### **- APPLICATION REQUIREMENTS.**

All applications for funding must:

- Be in writing and in the approved application form as provided by the Far West Coast Aboriginal Corporation.
- Provide all required attachments as listed above.
- Allow the FWCAC adequate time to process the application.
- Nominate the type of assistance required.
- Identify your contribution toward the costs of the trip, or if PATS has contributed the amount.
- Be submitted to the mailbox or email address on the application form.
- Address the mandatory criteria outlined in the policy.
- Where it is possible to claim PATS back for travel undertaken the applicant must sign and complete a PATS form and return to FWCAC as outlined in this policy's mandatory criteria
- Member to fill in an "exchange of information authority form".

**MEDICAL APPLICATION FORM**

1. First Name

5. Phone

2. Last Name

6. Email Address

3. Date of Birth

7. How do you prefer to be contacted?

- Phone       Email       Post

4. Residential / Postal Address


8. Have you received funding from any other organisation for this request?

No

Yes  ► Please tell us how much you received

\$  And from which source? \_\_\_\_\_

9. Which of the following categories best describes the one you need help with?

- Medical Support** – at least 1 weeks’ notice is required before your appointment.  
If insufficient time is given, you may need to reschedule your appointment.

10. Are you a registered member of the Far West Coast Aboriginal Corporation? If you are not sure please call the FWC office to confirm.

No

Yes  > Please list your parents and grandparents: \_\_\_\_\_

11. Are you associated or registered with any other Native Title Group?

No

Yes > Please name the group(s): \_\_\_\_\_

12. Please provide a photocopy of your **Medicare card**: \_\_\_\_\_

Please provide a photocopy of your **Healthcare Card**: \_\_\_\_\_

13.

Expenses  
Requested



*Please attach proof of appointment, PATS section 1 forms to help the Trust assess your application. No cash is payable.*

Description of expenses	Name of supplier (who is being paid? – No cash is payable)	Amount required
Bus/fuel/flights (if plane, Dr needs to authorise on PATS section 1 form).		\$
Accommodation (patient and escort only, how many nights).		\$

**MEDICAL APPLICATION FORM**

**14. What is your source of income?**

Unemployed  Salary  Full-time  Part-time   
Consultant  Other

**Are you able to contribute toward this appointment?** Yes / No If yes, how much? \$ \_\_\_\_\_

**14. How will this grant assistance help you? (Outline the positive outcomes to you, your family, the Aboriginal community in which you live in and the broader community)**


**15. Addressing the Mandatory Criteria**

Have you applied for PATS upfront support through your local Health Service? <b>Yes/No</b> (if your application to PATS was declined you need to provide confirmation from PATS why your application was declined, if you want to apply to the Trust?)
When is your appointment?
Where is your appointment?
Is this the closest available place for your appointment? If not, why?
Has your Doctor provided a letter referring you to this appointment?
Have you provided PATS section 1 and 3 form?
Do you have a chronic disease management plan or care plan? Yes/No (if yes, is your health provider able to help with the costs to get to your appointment?)
By signing below, I acknowledge: <ul style="list-style-type: none"><li>• that staff from the FWCAC will make enquiries about this application prior to my application being assessed against the policy.</li><li>• That adequate time has been allowed for my application to be considered against the policy. <u>I understand that if I have not provided evidence of PATS/Medicare Local assistance, my application may be declined and that incomplete applications will not be considered.</u></li><li>• I give permission to FWC staff; to refer my request for travel and accommodation support back to health.</li><li>• Attached to this application is my signed and completed Section 1 &amp; 3 of the PATS form to allow FWCAC to claim PATS reimbursement for expenses paid.</li><li>• I will return Section 2 of the PATS when requested by FWCAC. I authorise FWC staff to provide my details to SACPHN for assistance.</li><li>• I have been provided with a copy of the Medical Support Policy</li></ul>

**16. Signed**

**Date**  /  /

**Please return the completed application form to:**

**Post:** Far West Coast Aboriginal Corporation  
Member Assistance Program  
PO Box 596  
CEDUNA SA 5690

**In Person:** Far West Coast Aboriginal Corporation  
Building at -  
62 Poynton Street  
CEDUNA SA 5690

**Email:** [communitytrust@fwcac.org.au](mailto:communitytrust@fwcac.org.au)  
[administration@fwcac.org.au](mailto:administration@fwcac.org.au)

**Fax:** (08) 8625 3341 **Phone:** (08) 8625 3340

<b>Office Use Only</b>	<b>Date Received</b>	/ /	<b>Received by:</b>
			<b>Form completed by:</b>

**MEDICAL APPLICATION FORM**

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