

COMMUNITY PROGRAM 3:

HEALTH

3.1 GENERAL MEDICAL & 3.2 DENTAL HEALTH

These programs provide support for members and dependent children for a range of medical or dental expenses as prescribed by a doctor or dentist.

Which program are you applying for?

General Medical

Dental Health

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

Applicant details

IBN member or legal carer's full name

Date of Birth

Gender

Male

Female

Language Group:

Yinhawangka

Banyjima

Niyaparli

Non-IBN legal carer

Patient's full 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.)

Patient's Medicare Number

Name of private health fund

Private health fund number

Items for purchase (NO CASH PAYMENTS)

For details on what expenses IBN will cover, please see the IBN 2022-23 Community Programs Handbook, or the IBN website: www.ibngroup.com.au

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

Comments

Required Documents (please attach)

- | | |
|---|---|
| Copy of Medicare card | Copy of travel insurance policy (if applicable) |
| Doctor's certificate, prescription or referral | Supplier quotes or invoices including payment details |
| Dental treatment plan from a registered dentist | IBN Dependent Child Advice Form (if required) |
| Copy of private health insurance policy (if applicable) | IBN Update Personal Details form (if required) |
| Copy of Ambulance cover (if applicable) | |

Declaration

I declare that:

- the information I have provided in this form is true and correct.
- 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

/ /

Need help?

Contact: (08) 9140 0900
 Freecall: 1800 014 401

Return this application to:

Email to: 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

/ /

 CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240