



FINANCIAL ASSISTANCE PROGRAM CLAIM FORM

The HeartKids Financial Assistance Program is designed to assist individuals and families in covering extra costs incurred when travelling for cardiac surgery or treatment.

To be eligible, you/your child must have been admitted to, or been an inpatient of, either an intrastate or interstate hospital OR you are required to travel more than 250km to attend your child's cardiac clinic. HeartKids can also work with you to access other government and non-government financial assistance. Your circumstances and information is strictly confidential. It is not necessary to become a 'member' of HeartKids Limited (HKL) to receive our support or participate in programs, events or services.

Your details

First Name: _____ Surname: _____

Salutation: Mrs Miss Ms Mr Dr Other

Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (if different from above): _____

Phone: _____ Mobile: _____

Email: _____

Have you received previous financial assistance from HKL? YES / NO (State Month/Year if known) _____ /20

Child's Full Name (if applicable) _____

Gender: Male / Female Date of Birth (dd/mm/yy): _____

Are you or your partner of Aboriginal or Torres Strait Islander descent YES / NO

Please indicate the expense/s you would like assistance with:

- Travel assistance (petrol, transport, airfare) Living costs
- Accommodation assistance Grief and loss support
- Other - please specify _____

Receipts (originals or photocopies) must be attached for claims to be considered. Applications are approved subject to availability of funds and on a case by case basis. To enable your claim to be paid directly into your bank account, please provide us with your bank details in the space below.

Account Name: _____ BSB: _____

Bank: _____ Account Number: _____

Reimbursement Criteria – please indicate (tick) which applies:

- Inpatient at an intra/interstate hospital for cardiac surgery/treatment OR
- Attending a hospital or clinic or as an inpatient under the cardiology department that is more than 250km from your primary place of residence

Form Name:	Financial Assistance Program Claim Form	HeartKids Ltd
Form No:	HKLF001	PO Box 149 Crows Nest NSW 1585
Issue:	1.0	www.heartkids.org.au
Approved:	October 2017	Tel: 02 9460 7450



FINANCIAL ASSISTANCE PROGRAM CLAIM FORM Continued

The following information will help HeartKids to support you and assist other families.

Please provide a brief description of the patient's surgery/treatment:

Scheduled admission date (dd/mm/yy):

Actual admission date (dd/mm/yy):

Scheduled date of procedure (dd/mm/yy):

Actual date of procedure (dd/mm/yy):

Was procedure cancelled/postponed? YES / NO

If yes, how many times?

Date you left usual place of residence (dd/mm/yy):

If yes, how many times?

Were you admitted to a local hospital following your discharge? YES / NO

If yes, please provide information:

Did your spouse/sibling remain at your place of residence while you travelled for treatment? YES / NO

How many days were you separated from a spouse or other children?

Please provide details:

Have you accessed financial support from any other organisation? YES / NO

If yes please provide details including dates and amount of assistance provided:

A member of the HeartKids Support Team will contact you following the submission of this form.

Signature of Applicant:

Date(dd/mm/yy):

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This following section is to be completed by your referring or attending Cardiologist, Clinical Practice Nurse/ Consultant or Cardiac Social Worker

Medical Centre/Hospital Attending:

Address:

State:

Postcode:

Name:

Position:

Signature:

Please return the completed form to your HeartKids Support Co-ordinator or Divisional office

OFFICE USE ONLY

Receipt Attached: **YES** / **NO**

TAF#

Signed by Medical Specialist: **YES** / **NO**

Reimbursement Approved: **YES** / **NO**

Amount: \$

Signed and approved on behalf of HeartKids:

Approved By:

Date (dd/mm/yy):

Signature:

Position:

Reply Letter Sent: **YES** / **NO**

Date (dd/mm/yy):

Entered in eTap: **YES** / **NO**

Date (dd/mm/yy):

Entered By:

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