



2023-24 Past Player Medical Support Grant

Member Benefit Allocation Form

Full Name: _____

Account Details

Financial Institution: _____ Account Name: _____

BSB Number: _____ Account Number: _____

Pension/Health Care Card

Do you have a Pension, Seniors or Health Care Card?

Yes, Please provide the CRN (Customer Reference Number): _____

Medical Condition Details

What was the date of your hospital visit? _____

What medical condition did/do you have? _____

What procedure did you require? _____

How much did the Hospital Visit cost you? _____

How much did you receive back in benefits from Medicare and/or your Private Health Insurance? _____

How much were you out of pocket for the hospital visit? _____

Please provide confirmation of payment such as a receipt, demonstrating any benefits you have received through Medicare or your Private Health Insurance. Members are eligible for a reimbursement of up to \$500 per hospital visit.

Is there any further information you would like to share with the ACA? _____



If your out of pocket costs are over \$500, do you want to apply for additional support? Yes No

*Additional Support of up to \$2000 is available on a case by case basis. A more detailed Application process is required.
If you select yes, Member Programs & Events, Senior Coordinator Christian Harris will contact you to discuss your situation. Alternatively please call 03 9698 7200 or email charris@auscricket.com.au to discuss.*

Feedback to the ACA

Please tick this box if you are happy to share your feedback with ACA members.

Return

 PO Box 4379 Richmond East, VIC, 3205
 Please direct questions to Christian Harris on
03 9698 7200 or
charris@auscricket.com.au

ACA OFFICE USE ONLY

PROGRAM: PPGDP
ACCOUNT: 6-6814
APPROVED:
AMOUNT: