



RETURNED &
SERVICES LEAGUE
OF AUSTRALIA
SUNSHINE COAST & REGIONAL DISTRICT BRANCH

DENTAL AND ALLIED HEALTH SUBSIDY PROGRAM – POLICY

Program Aim

“SCRD will remain a highly relevant charity delivering services to veterans and their families”.

In particular, the program aims to make access to dental and some allied health services easier and less costly for veterans in the Sunshine Coast & Regional District.

The Dental and Allied Health Subsidy Program is a Welfare based program developed to allow District Service Members the ability to undertake health treatment in a timely manner with financial support from Sunshine Coast & Regional District.

This Policy aims to ensure that the program follows good governance and is administered efficiently, ethically and with financial accountability.

Background

Members in the district have differing levels of Private Health Cover, from no cover to Top Hospital and Extras. Regardless of the level of cover, there is almost always a gap in the cost of health treatment and the cost of associated aids and the funds provided by a Private Health Insurer. That being the case, it is common to see delays in obtaining health treatment, or the provision of appropriate aids, due to an imposing cost.

Allied Health Covered

1. DENTAL TREATMENT

Any dental treatment costs are an eligible subsidy claim under the program. This includes six monthly check-ups.

2. HEARING AIDS

While hearing tests are an eligible subsidy claim, the tests are free under Medicare for veterans. However, the cost of hearing aids and associated batteries are an eligible subsidy claim under the program

3. EYE GLASSES

While eye tests are an eligible subsidy claim, the tests are free under Medicare for veterans. However, the costs of glasses are an eligible subsidy claim under the program.

Participating Health Practices

Members may seek Treatment at any Practice that has current registration within Australia (established under the Health Practitioner Regulation National Law).

Specifics of Subsidy

The District will budget funds for the program each year, with the following conditions to apply to applicants:

- a) The District Charitable Objects Fund may be used to fund part or all the program.
- b) Treatment must be obtained through a registered Australian Health Practices.
- c) Travel and accommodation costs are not provided for in this subsidy.
- d) The amount that any eligible member may claim each calendar year is **\$1000**, regardless of whether in a single claim or multiple claims.
- e) Members may apply to have a package of treatment subsidised. For example, a member may require extensive dental treatment.
- f) The District Executive may decide to subsidise the entire treatment cost if considered to be urgent and in the welfare interests of the individual.
- g) This Subsidy Payment is **NOT** available for recreation, sporting and cosmetic use.
- h) Members are advised to seek prior approval of subsidy cost (treatment quote) prior to treatment. Except in Emergency cases SCR D will consider the application on its merit.

Forms

Members that wish to apply for the Dental and Allied Health Subsidy Program will need to complete the "SCR District Allied Health Cost Subsidy Application Form". The form can be obtained by contacting your Sub Branch Secretary.

Program Commencement

The Dental and Allied Health Subsidy Program will initially commence on approval of this policy.

**NB:- Applications will be reviewed at each District Executive meeting.
Please allow up to 30 days for review and process of applications.**



RSL

Sunshine Coast and
Regional District

DENTAL AND ALLIED HEALTH SUBSIDY - APPLICATION FORM

Applicant Details

Surname: _____ First Names: _____
 Address: _____
 Suburb: _____ State: _____ Postcode: _____
 Home Phone: _____ Mobile: _____
 Email: _____
 Bank Details - Account Name: _____ BSB: _____ ACCT: _____

RSL Membership

Sub-Branch: _____ Year Joined: _____

Health Cover

Only select Yes if you have a DVA
White Card for specific Treatment.

DVA Gold Card: Yes No DVA White Card: Yes No
 Private Dental Cover: Yes No Health Fund Name: _____

Claim Details

DENTAL OPTICAL HEARING

Total Cost: \$ _____ Total Rebate: \$ _____ (Total of all public and private rebates or refunds)

Remaining Cost: \$ _____ Amount Sought: \$ _____

Have you attached a copy of your invoice or quote? Yes No

Additional Supporting Comments: _____

I understand that each application will be considered on its own merit and that any decision to approve all or part of the funds is final and may depend on available funds and priority of treatment.

Signature: _____ Date: _____

Office Use Only

Is the quote or invoice attached? Yes No

Is applicant a financial member of RSL QLD (MMS records) Yes No

Applicant is a Service Member of SCR District for at least 15 months? Yes No

Has the member had an approved claim in the one-year period? Yes No If yes, amount remaining: \$ _____

Comments: _____

Application Approved Yes No Amount Approved: \$ _____ Date Approved: _____

Comments