



HeartKids NSW Bereavement Support Program

Background: HeartKids NSW (HKNSW) has identified the need for a policy within our broader Family Support Program where we can help our members both emotionally and financially when dealing with the loss of a precious heart angel. Our Bereavement Support Program (BSP) provides financial assistance for the Access to Psychological Services program (ATAPS) or Better Access to Mental Health program as recommended through your GP.

What we will do: HKNSW will pay up to \$50 of out-of-pocket expenses per treatment up to a maximum of \$300 per family for the first 6 treatments. Expenses can be claimed individually or at the completion of the 6th treatment.

What you will need to do: All 6 treatments will need to be completed within 12 months of the date of the first treatment and within 3 years of the date of bereavement. A copy of the Medicare receipts showing out of pocket expenses will need to be attached to the claim form.

Other support: HKNSW also provides many opportunities for families who have experienced the loss of their Heart Angel to connect with other bereaved families. Please contact our Family Support Coordinators for further details: **Kim Mackie** - kim.mackie@heartkids.org.au or 0406 424 627 and **Jenny Azzopardi** - jenny.azzopardi@heartkids.org.au or 0406 424 620.

Please note: GPs need to have completed a Mental Health Treatment Plan in conjunction with a mental health outcome measurement tool prior to referring patients to ATAPS

Please complete reimbursement claim form over page



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Reimbursement Claim Form

Please forward the completed form below to HeartKids NSW, Attention: Family Support Coordinator

Post: HeartKids NSW PO Box 170, Westmead Hospital, Westmead NSW 2145 or

Email: mail@heartkidsnsw.org.au

Receipts attached or scanned with Reimbursement Claim Form

Full Name:	Membership Number:
Address:	
Contact Phone Number:	Email:
Name of Child:	Date of Bereavement:
Referral Details Name Of GP: GP Contact Details:	Direct Debit Information Account Name: BSB: Account Number:
Date of first treatment:	Number of treatments claimed

Office use	Date received:
Authorised by:	Notes: