



**Traditional Healing Expense(s) Claim Form**

Today's Date: \_\_\_\_\_

Claimants' Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Traditional Healer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Traditional Healer's Federal Tax ID Number or SSN: \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

Name of Ceremony: \_\_\_\_\_

Date of Ceremony: From: \_\_\_\_\_ To: \_\_\_\_\_

Was this ceremony for the claimant's work-related injury?

Traditional Healer's Signature: \_\_\_\_\_

Total fee(s) paid to the traditional practitioner for the ceremony: \$ \_\_\_\_\_

Material(s) required and purchased for the ceremony: **ATTACH ALL SALES RECEIPTS**

*I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE*

\_\_\_\_\_  
 Claimant's Signature

\_\_\_\_\_  
 Date