



# DR. BUU NYGREN **PRESIDENT**

# RICHELLE MONTOYA **VICE PRESIDENT**

The Navajo Nation | Yideeskáądi Nitsáhákees

## TRADITIONAL HEALING EXPENSE(S) CLAIM FORM

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

Claimant's Name \_\_\_\_\_ Claim No.: \_\_\_\_\_

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

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

Name of Traditional Healer \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

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

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

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

Was this ceremony for claimant's work related injury?  Yes  No

Traditional Healer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Total Fee(s) Paid to Traditional Practitioner for the Ceremony: \$ \_\_\_\_\_

Material(s) required and purchased for the Ceremony. **Attached All Sale Receipts:** \_\_\_\_\_

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

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

\_\_\_\_\_  
Date