



THE NAVAJO NATION
WORKERS' COMPENSATION PROGRAM

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE-PRESIDENT

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