



# Run off Cover Indemnity Scheme Medical Certificate permanent disability

## When to use this form

This form must be completed by a medical practitioner other than the medical practitioner being assessed for eligibility under the Run off Cover Indemnity Scheme (ROCS).

This form is used when a Medical Defence Organisations (MDO) or Medical Indemnity Insurer (MII) determines that an insured medical practitioner is eligible to participate in ROCS.

The MDO or MII will submit the certificate to the Australian Government Department of Human Services in the event that the MDO or MII is notified of an incident in relation to the medical practitioner and the claim is eligible for payment under ROCS. This medical certificate should be completed and provided to an MDO or MII when a medical practitioner has temporarily or permanently ceased from providing medical services due to permanent disability.

## Permanent disability

The term **permanent disability** is defined by Section 34ZB of the *Medical Indemnity Act 2002*.

## For more information

Refer to [humanservices.gov.au/organisations/health-professionals/subjects/medical-indemnity-insurers](http://humanservices.gov.au/organisations/health-professionals/subjects/medical-indemnity-insurers) as you complete this form.

If you need assistance completing this form, email [medical.indemnity@humanservices.gov.au](mailto:medical.indemnity@humanservices.gov.au) or call **1800 813 167** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

**Note:** Call charges may apply.

## Filling in this form

- Please use black or blue pen.
- Print in BLOCK LETTERS.

## Applying medical practitioner's details

The 'Applying medical practitioner' is the medical practitioner being assessed for eligibility under ROCS.

1 Medicare provider number

2 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

3 Your date of birth

4 Address

  


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 Postcode

## Examining medical practitioner's details

5 Medicare provider number

6 Qualifications

  


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7 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

8 Practice address

  


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 Postcode

**9** Daytime phone number

Email

**Certification**

**10** Brief description of injury or illness

  

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**11** Date of examination

**Obligations**

**12 Privacy notice**

Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which the department will manage your personal information, including our privacy policy, at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy)

**13 Declaration**

**I declare that:**

- the information I have provided in this form is complete and correct.
- the medical practitioner has permanently ceased all medical practice due to:
  - incurring an injury, or suffering from an illness, that is permanent, or is likely to be permanent, **and**
  - as a result of the injury or illness, the person can no longer practise in the area of medicine in which he or she had, at the time of the injury or illness, chosen to practise and been qualified to practise.

**I understand that:**

- giving false or misleading information is a serious offence.

Examining medical practitioner's signature

Date

**Returning your form**

Check that all required questions are answered and that the form is signed and dated.

The completed form should be forwarded to the MDO or MII responsible for assessing this medical practitioner's eligibility for ROCS.