



Run off Cover Indemnity Scheme Medical Certificate permanent disability (M0056)



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 Organisation (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 Services Australia 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

For more information about ROCS or assistance completing this form, contact the MDO or MII.

Filling in this form

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.

Returning this form

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

Send the completed form to the MDO or MII responsible for assessing this medical practitioner's eligibility for ROCS.

Applying medical practitioner's details

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

1 Provider number

2 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

3 Your date of birth (DD MM YYYY)

4 Address

Postcode



MCA0MO056 2412

Examining medical practitioner's details

5 Provider number

6 Qualifications

7 Dr Mr Mrs Miss Ms Mx Other

Family name

First given name

8 Practice address

Postcode

9 Daytime phone number (including area code)

Email

Certification

10 Brief description of injury or illness

11 Date of examination (DD MM YYYY)

Privacy notice

12 The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

13 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Examining medical practitioner's signature

Date (DD MM YYYY)