



Run off Cover Indemnity Scheme Medical Certificate maternity

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 is on leave from providing medical services due to pregnancy, caring for one or more children whom she gave birth to or recovering from pregnancy.

Maternity

The term **maternity** 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 as you complete this form.

If you need assistance completing this form, email 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 Mrs Miss Ms Other

Family name

First given name

3 Your date of birth

4 Address

 Postcode

Examining medical practitioner's details

5 Medicare provider number

6 Qualifications

7 Dr Mr Mrs Miss Ms Other

Family name

First given name

8 Practice address

 Postcode

9 Daytime phone number

Email

Certification

10 I certify that the applying medical practitioner is or was:

Tick ONE only

pregnant

caring for one or more children to whom she has given birth

recovering from a pregnancy

(including a miscarriage or stillbirth)

11 Date leave commenced

12 Date returned to remunerated medical practice (if known)

13 Date of examination

Obligations

14 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

15 Declaration


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

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.