

medicare

Run off Cover Indemnity Scheme Medical Certificate maternity (M0032)

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 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

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

Filling in this form

You can complete this form on your computer, print and sign 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.

Postcode

Ex	amining medical practitioner's details	Privacy notice
5 6	Medicare provider number Qualifications	14 Your 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/privacy
		Declaration
7	Dr	15 I declare that: • the information I have provided in this form is complete and correct.
		I understand that:
	First given name	 giving false or misleading information is a serious offence.
		Examining medical practitioner's signature
8	Practice address	
		<u>'</u>
		Date
	Postcode	
9	Daytime phone number	
	()	
	Email	
Ce	rtification	
_		
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	
	/ /	