



How to complete this form

When completing this application form, refer to the corresponding *Guidelines: High Cost Claims Indemnity Scheme payment application form*.

- If this is an **initial application**, you must complete all sections of this form.
- If this is an **ongoing application**, you need to complete this form from Section 3 onwards. You only need to complete Sections 1 and 2 if there have been changes.



For information about attachments required to support this application, please refer to Section 8—Document checklist.

If an application is HCCS eligible for a member/policy holder who is also ROCS (Run-off Cover Indemnity Scheme) or IBNR (Incurred-But-Not-Reported Indemnity Scheme) eligible, the applicant must submit the claim using the approved ROCS Indemnity Scheme payment application or IBNR Indemnity Scheme payment application forms.

Additional information

If further assistance is required to complete this application form, contact Medicare Australia's Medical Indemnity Claims Section.

Phone **1800 813 167****

Fax **03 6215 5322**

Email **medical.indemnity.payments@medicareaustralia.gov.au**

Lodging your application

Completed application forms and supporting documentation (as described within the Guidelines and attached checklist) are to be lodged with Medicare Australia:

HCCS Indemnity Scheme Payments
Medicare Australia
Reply Paid 9822
HOBART TAS 7001

False or misleading information

The *Commonwealth Crimes Act 1914* contains penalties for giving false or misleading information in connection with this application.

Privacy note

Information provided in this application form and supporting documentation will be used to assess and calculate the amount of indemnity that is payable. Its collection is authorised by the *Medical Indemnity Act 2002*. Information provided may be disclosed to the Department of Human Services, the Department of Health and Ageing and/or the Australian Government Actuary for the purpose of administering the Act or as authorised by law.

Section 1—Claim details

Important: If this is an ongoing application you only need to complete this section if changes have occurred.

- 1** Applicant's registered business name (*and company name if applicable*)

- 2** Claim identification reference (*allocated by the applicant*)

- 3** Member or policy holder identification number (*allocated by the applicant*)

- 4** Full name of the member or policy holder who is the subject of the claim

Family name

Given names

- 5** Member or policy holder's Medicare provider number

- 6** Member or policy holder's speciality code

- 7** Date of the incident

 / /

OR date range of a series of related incidents

From / / to / /

- 8** Where did the incident or series of incidents occur?

State/territory

Country

- 9** Full name(s) of the plaintiff(s) who made the claim

Family name

Given names

Family name

Given names

Family name

Given names



If more than three plaintiffs please attach a separate sheet.

Section 2 – HCCS eligibility criteria

Important: If this is an ongoing application you only need to complete this section if changes have occurred.

- 10** Date the applicant was **first notified** of either the claim or the incident that gave rise to a claim

Important: If before 1 January 2003 this is not an eligible HCCS claim.

- 11** What is the applicable threshold amount for this HCCS claim?

This is identified by the date the applicant was first notified of the incident. (Please tick appropriate box)

On or between **1 January 03** and **21 October 03**
\$2,000,000

On or between **22 October 03** and **31 December 03**
\$500,000

On or after **1 January 04**
\$300,000

- 12** Does the sum of qualifying payment(s) exceed the threshold amount indicated in Question 11?

No **This is not an eligible claim under HCCS**

Yes

- 13** Does the claim relate to an incident or a series of related incidents that occurred in the course of, or in connection with, the member or policy holder's practice as a medical professional?

No **This is not an eligible claim under HCCS**

Yes

- 14** Did the incident or one of the incidents occur within Australia or one of its external Territories?

No **This is not an eligible claim under HCCS**

Yes

- 15** Does the claim, or any part of this claim relate to the treatment of a public patient in a public hospital?

No

Yes What is the amount attributable to this treatment?

Has this amount been deducted from the amount being claimed in this application?

No

Yes

Section 4 – Apportionment and cost-sharing arrangements

27 Has liability for this claim been apportioned (divided) between parties to the claim?

No

Yes Complete the following details for all parties

Medicare Australia's claim identifier (if known)	Full name of member/policy holder or other party	% of liability (may be estimated)	If a separate application is to be lodged, which scheme will it be made under?
		%	ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS <input type="checkbox"/>
		%	ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS <input type="checkbox"/>
		%	ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS <input type="checkbox"/>
		%	ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS <input type="checkbox"/>
		%	ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS <input type="checkbox"/>
		%	ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS <input type="checkbox"/>
		%	ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS <input type="checkbox"/>
		%	ROCS <input type="checkbox"/> IBNR <input type="checkbox"/> HCCS <input type="checkbox"/>
	Total	100 %	

28 Are there any cost-sharing arrangements?

No

Yes Complete the following details for all parties

Medicare Australia's claim identifier (if known)	Full name of member/policy holder or other party	\$ amount of liability (may be estimated)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total	\$

Note: Please ensure that any cost-sharing amount relating to other parties is included at Question 34 as a deduction.

Section 5 – HCCS financial details

29 Is this the first application in relation to this claim or a subsequent application?

First application Complete **Subsection A** (you do not need to complete Subsection B)

Subsequent application If this is **not** the first application in relation to this claim, complete **Subsection B** (you do not need to complete Subsection A)

Subsection A – First applications only

Note: The amounts being claimed in the application form are ONLY to be those relating to this application. All calculations should not include GST.

Total application cost

30 Judgment/settlement amount (net of exceeds/deductibles) \$ A

31 Amount of plaintiff's legal costs/disbursements payable under the judgment/settlement \$ B

32 Amount of applicant's defence costs/disbursements \$ C

33 Gross application cost (A + B + C) \$ D

34 Less any amount:

• apportioned to members or policy holders who are not the subject of this application - \$ E

• attributed to other parties under a cost sharing arrangement - \$ F

• not payable under HCCS (see guidelines and Act) - \$ G

35 Total deductions (E + F + G) \$ H

36 Total application cost (D - H) \$ I

HCCS calculation

37 Total claim costs (I) \$ J

38 Less the HCCS threshold - \$ K

39 Total above the threshold (J - K) \$ L

40 Amount claimable under HCCS (50% of L) \$ M

▶▶ Please go to Section 6.

Subsection B – Subsequent applications

Note: The amounts being claimed in the application form are ONLY to be those relating to this application. Please do not include any amounts previously claimed as part of the Gross Application Costs. All calculations should not include GST.

Total application cost

41 Judgment/settlement amount (net of exceeds/deductibles) \$ N

42 Amount of plaintiff's legal costs/disbursements payable under the judgment/settlement \$ O

43 Amount of applicant's defence costs/disbursements \$ P

44 Gross application cost (N + O + P) \$ Q

45 Less any amount:

• apportioned to members or policy holders who are not the subject of this application - \$ R

• attributed to other parties under a cost sharing arrangement - \$ S

• not payable under HCCS (see guidelines and Act) - \$ T

46 Total deductions (R + S + T) \$ U

47 Total application cost (Q - U) \$ V

HCCS calculation

48 Total claim costs (V) \$ W

49 Amount claimable under HCCS (50% of W) \$ X

Section 6 – Written Election form *(must be completed by the insurer)*

Note: If an insurer elects to aggregate amounts paid or payable in respect of the same claim in accordance with section 31 of the *Medical Indemnity Act 2002*, this form must be completed and signed by a person authorised to represent the insurer and must accompany the High Cost Claim Indemnity Scheme payment application form.

Written Election

(Refer to Section 3, Question 23 of the application form)

I Family name
Given names

of Company name

Company address

 Postcode

confirm that:

the above named insurer has paid, or is liable to pay, amounts in relation to the claim against a medical person within the meaning of section 30 of the Medical Indemnity Act 2002 against:

Policy holder's name
Family name
Given names
Applicant's claim identification reference

and confirm that:

the first date of notification of facts that may give rise to a claim or the date the claim was notified to the company was:

/ /

and hereby elect, in accordance with paragraph 31(1)(d) of the *Medical Indemnity Act 2002* to authorise:

Name of MDO

who has paid, or is liable to pay, an amount in relation to the same claim against the person, to aggregate the amounts paid or those amounts liable to be paid by it and the above named insurer, for the purposes of applying to Medicare Australia for a payment under the High Cost Claim Indemnity Scheme.

I undertake on behalf of the above named insurer, to provide to the above named MDO any information requested by the Medicare Australia CEO that is relevant to determining whether a High Cost Claim Indemnity Scheme payment is payable and/or the amount that is payable under that scheme.

Signature



Position

Date

/ /

Section 7 – Statutory declaration form

Important: This statutory declaration must be completed and signed by a person authorised to represent your organisation and must accompany the application form. If the statutory declaration is not provided with each application form, an HCCS payment cannot be made.

A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of four years—see section 11 of the *Statutory Declarations Act 1959*.

Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959*—see section 5A of the *Statutory Declarations Act 1959*.

Statutory declaration

Statutory Declarations Act 1959 (Cth)

I Family name

First given name

Second given name

of Registered business name

Business address

Postcode

Occupation

make the following declaration under the Statutory Declarations Act 1959:

- the answers to the questions in the attached application form are correct to the best of my knowledge and belief
- the requested documents are attached and are true copies of the original documents
- all payments claimed against the person nominated in the application form were made/able to be made or are liable to be made consistently with the:
 - indemnity arrangements between the MDO and the member
 - terms of the insurance contract between the insurer and the policy holder
- those payments were made/able to be made or are liable to be made in the ordinary course of business.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

Signature of person making the declaration

Declared at

On

Before me ¹,

Signature of authorised person

Family name

First given name

Second given name

Qualification


Address

Postcode

¹ **People authorised by the Statutory Declarations Act 1959 and regulations** to witness a statutory declaration include a medical practitioner, dentist, legal practitioner, registered nurse, patent attorney, pharmacist, physiotherapist, psychologist, optometrist, members of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants, National Institute of Accountants, Association of Taxation and Management Accountants, Justice of the Peace.

Section 8 – Document checklist

This checklist must be completed for all HCCS applications.

 Please ensure that all necessary information and supporting documentation has been included with this application by ticking, as appropriate, the following checklist.

It is mandatory that you supply all supporting documentation. Medicare Australia may not be able to complete their assessment without these documents.

General

- The statutory declaration (Section 7), completed, signed, dated and witnessed

- A copy of the letter setting out the claim or demand, the Statement of Claim or other initiating documents, including any covering letter(s) or evidence of service, as appropriate

- A copy of any documentation evidencing the claim or incident that might have given rise to a claim to the applicant

- For amounts that have been paid—a copy of the itemised invoice(s)

- For in-house legal costs—a brief description, date(s) the work was undertaken, the time taken if billed on a time basis and the cost, and/or any other documentation to support the claim

- For external legal costs—a copy of the itemised invoice(s) that have been paid or are liable to be paid

- A copy of the applicant's claim verification form or similar document

- A copy of the applicant's claim transaction report or similar document verifying costs/payment(s)

- For an aggregated claim — the completed written election form (Section 6). For more information see Section 31 of the *Medical Indemnity Act 2002*

Claims specific

- A copy of the settlement agreement or judgment, or orders of a court, deed or release/withdrawal documentation, etc., as appropriate

- If the applicant is able to pay the claim under a discretionary incident-occurring based indemnity arrangement, a copy of any documentation evidencing the granting of indemnity

- If the applicant is liable to pay a claim on the basis of a 'claims made' contract of insurance, a copy of the policy wording and schedule

- For settlement costs—the settlement documentation

- Where there has been a judgment—a copy of the sealed orders or judgment, including any reasons for judgment

- Where the claim is finalised other than by way of a settlement or judgment—copies of the relevant documentation (for example, the Deed of Release or withdrawal documents)

- If proceedings have been commenced—a copy of all pleadings filed in court

- A copy of any hospital admission form(s)

- Apportionment of costs/damages amongst persons indemnified by the applicant or a related entity in a settlement

Important: Where the applicant's in-house legal advisers or an external law firm act for a Medical Indemnity Claim Scheme indemnified member/policy holder and a non-Medical Indemnity Claim Scheme indemnified member/policy holder certification of apportionment is required from an independent barrister.
