**CERTIFICATE OF CAPACITY CODE / PAYMENT FORM**

**Certificate of Capacity Code / Payment Form**

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| **Claim Details** |
| Claim number:\_\_\_\_\_\_\_\_\_\_ Workers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Case manager:\_\_\_\_\_\_\_\_\_ |
| **Coding of Medical Certificate** |
| Has certificate been recorded previously? Yes □ No □ Date: \_\_\_/\_\_\_/\_\_\_ |
| Med Cert ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coded by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Payment Authorisation (<3 months)** |
| *If payment is for periods <3 months in arrears, Case Managers &/or above can authorise* Direct Payee? Yes □ Employer Payment? Yes □ Claim Open/Re-open? Yes □ECP01 Check Yes □ Last Payment From: \_\_\_/\_\_/\_\_To: \_\_\_/\_\_\_/\_\_\_ Centrelink Check Yes □ Weekly Deduction $\_\_\_\_\_\_\_\_\_\_\_\_ *(please attach a copy of the Centrelink notice)***Weekly Payment**  **Payment Type:**  **CWE**From: \_\_\_/\_\_\_/\_\_\_To:\_\_\_/\_\_\_/\_\_\_ 1□ 2□ 3□ $\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_To:\_\_\_/\_\_\_/\_\_\_ 1□ 2□ 3□ $\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_To:\_\_\_/\_\_\_/\_\_\_ 1□ 2□ 3□ $\_\_\_\_\_\_\_\_\_\_\_From: \_\_\_/\_\_\_/\_\_\_To:\_\_\_/\_\_\_/\_\_\_ 1□ 2□ 3□ $\_\_\_\_\_\_\_\_\_\_\_ ***NOTE:*** *Period not to exceed 28 days in total for each period unless long-term certificate approved. Ensure that all Return To Work details have been entered (CL05).*Authorised by: …………………………………… Date: / /  |
| Note: Period not to exceed 28 days in total for each period unless long-term certificate approved. Ensure that all Return To Work details have been entered (CL05). |
| Authorised by: …………………………… | Date: \_\_\_/\_\_\_/\_\_\_\_ |

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| **Payment authorisation (>3 months)** |
| Payment for periods>3 months in arrears, require Technical Manager &/or above authorisation. |
| Has S114D been addressed? | Yes □ No □ | (if no do not authorise payment & update ACCtion/CASE) |
| Archive check | Yes □ No □ | (if yes, attach EAR01 screen print) |
| Interest Payable? | Yes □ No □ | $\_\_\_\_\_\_\_\_\_\_ |
| Claim file retrieved & reviewed? | Yes □ No □ |  |
| Technical Manager &/or above authorisation |
| Authorised by: ……………………………… | Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |
| **Payment ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |