**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |