

VISITING MEDICAL OFFICERS APPLICATION FOR REIMBURSEMENT & CLAIM FORM OF ANNUAL PRIVATE MEDICAL INDEMNITY PREMIUM				
PART A - PERSONAL DETAILS				
Payroll No.: 123456	SURNAME: Smith	FIRST NAME: Jimmy	MIDDLE NAME(S): Jack	
RESIDENTIAL ADDRESS: 123 Herston Road		SUBURB: Herston	STATE: Qld	P/CODE: 4029
PHONE (HOME): (07) 3636 8111	PHONE (WORK): (07) 3636 5171	PHONE (MOBILE): 0412 345 678	PAGER: 12345	
SPECIALTY: Surgery	SPECIALTY PERIOD To 30/06/2007		DEPARTMENT Surgical	
PART B - DETAILS OF INDEMNITY INSURANCE			FINANCE USE ONLY	
A: Premium for the current year (Excluding GST)	\$11,242.00	Subtotal 1: (A - B) \$256.00		
B: Applicable premium in the identical category for the base year 2000/2001	\$10,000.00	Subtotal 2: (Sub 1 - C) \$256.00		
C: Applicable Commonwealth Government Subsidy (Excluding GST)	\$0.00	Subtotal 3: (Sub 2 + E) \$777.11		
E: The Call paid to the VMO with previous financial year (including GST)	\$21.15	Subtotal 4: (Sub 3 x D) \$6,994.31		
D: Number of business weeks of District	9	Reimbursement (Sub 4 / 40) \$174.86		
AMOUNT	ACCOUNT CODE	COST CENTRE	TAX CODE	DOCUMENT NUMBER
\$174.86	011220		P5	
PART C - DECLARATION				
I hereby certify that the details shown above are correct and that the amounts claimed above are due and payable to me for the expenses incurred for reimbursement of annual private medical indemnity premium as specified in Clause 6.5 of the Terms and Conditions of Employment, Queensland Government Visiting Medical Officers 2005.				
I also declare that the percentage of those expenses incurred in earning my assessable income was 100%. I acknowledge that I will not be entitled to claim an income tax deduction for the amount I have been reimbursed as detailed above.				
VMO'S SIGNATURE:		DATE:		
Upon completion, please send this form (together with copies of your substantiating documents) to the Medical Superintendent / Director of Medical Services				
PART D - AUTHORISED EXPENDITURE APPROVAL CERTIFICATION (Medical Superintendent / Director of Medical Services)				DATE:
I certify that the funds are available and the voucher is approved.				Signature
Authorised Accounting Officer				DATE:
I certify that this claim complies with the provisions of Financial Management Practice Manual which states:				
(1) the transaction has been approved by an officer having competent authority				
(2) the ledger accounts to be posted are correctly shown				
(3) supporting evidence exists that the payee has satisfactorily performed an approved transaction or that an event under an approved scheme or arrangement has occurred and gives rise to an obligation to pay				
(4) the amount is computed from approved rates and is arithmetically correct				
(5) the obligation to pay has not previously been satisfied				
(6) where payment will be made on or before the due date, the amount shown for payments is net of available discounts				
(7) GST tax code is correct				
SIGNATURE	DATE	NAME	POSITION	

Please Note: The figures on the right hand of the screen (yellow) will automatically calculate as the details are completed in 'Section B'.

Checklist

- Have you provided the base year (2000/01) premium details to your District? If so, move to item 3
- If your 2000/01 premium has not been provided, obtain the invoice/receipt from your medical insurer and include with your claim
- Check to see if you have all invoices/receipts for the year you are claiming. Remember, this may include invoice/receipts across two calendar years
- If claiming the 'at call' amount, ensure you have attached the receipts to your claim
- Have you signed the application/claim form?
- Have you completed a vendor set up form previously? If so, send your claim for processing
- If the vendor set up form has not been provided previously, please complete the form which is available from your Accounts Payable section in your District
- Enter all details on form, print and sign
- Forward all documents to Medical Administration, at your Health Service District for approval

Note: Where all details are provided your application will be forwarded to Accounts Payable office in your District for processing. Your claim will be processed as soon as possible and paid directly into your nominated account.

VMOs should contact the finance department within their respective health service district for further information or assistance in lodging a claim.

www.health.qld.gov.au/vmo

VMO Indemnity Insurance Reimbursement Scheme



Queensland Government
Queensland Health

Introduction

Visiting Medical Officers are entitled to reimbursement of part of their indemnity costs under the Indemnity Insurance Reimbursement Scheme, as agreed in the Visiting Medical Officers Agreement 2005.

This brochure gives VMOs and their account managers a brief overview of the scheme, and clarifies what information should be provided for reimbursement, along with the process involved.

Information can be found in the attachment under Clause 6.5 of the Terms and Conditions of Employment, Queensland Government Visiting Medical Officers 2005 (the 2005 VMO Agreement.)

Scheme availability

The scheme is available to all doctors appointed as a permanent Visiting Medical Officer position within Queensland Health.

It does not apply to casual appointments.

Vendor set-up form

Before seeking reimbursement, eligible VMOs must first have registered as a vendor. Further information on registering and the details of a “vendor set-up” form can be found at www.health.qld.gov.au/vmo

Reimbursement entitlement

Only a proportion of a VMOs annual private medical insurance payments will be open to reimbursement. The total reimbursement available to a VMO will be calculated according to the number of hours individual VMOs are employed in a Queensland Health facility in line with their appointments.

Reimbursement items

A portion of a number of individual medical insurance items can be claimed. These are:

- Membership fees
- Premiums
- Legal fees
- Stamp duty
- ‘the call’ (see below)

‘The Call’ – describes financial arrangements placed by UMP or the Medical Defence Association of South Australia (MDASA) on their members for the year 2000/01 to maintain cash reserves to meet unreported claims.

GST

The GST component related to these or any other medical insurance payments is not reimbursable under the scheme.

Claim lodgment

Claims will be processed on a financial year basis, with premiums processed throughout each financial year. For example, a premium paid in January 2007 will be reimbursed in the 2007/2008 financial year.

VMOs should lodge their completed claims with their medical superintendent for sign-off. The medical superintendent will forward the claim for processing.

Documentation

To make a claim, VMOs must complete an ‘Application for Reimbursement & Claim Form of Annual Private Indemnity Premium’. A sample of a completed form is included in this brochure.

This form is to be completed electronically, which will activate the calculation device to immediately inform VMOs of their reimbursement. This should then be printed out and forwarded to the medical superintendent along with documentation such as original receipts, invoices and duly certified copies.