

MC8

Social Welfare (Consolidation) Act, 2005

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| DSFA Panel Number |
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MEDICAL CERTIFICATION

To the Minister for Social and Family Affairs.

I, _____ of _____

being a registered medical practitioner in that name resident and practising in the **European Economic Area (EEA)**, hereby propose and agree to become a Medical Certifier of persons insured under the Social Welfare (Consolidation) Act, 2005, (hereinafter called "The Acts") on the following terms and conditions:-

1. I will medically examine every insured person who desires to be furnished with a certificate for the purpose of any claim by such person for Illness Benefit or Injury Benefit or for the purpose of determining or calculating the period during which such benefit is or would, but for any provision of the Acts disentitling him, have been payable or for the purpose of a claim to have contributions credited, or for any purpose in respect of which certificates are required to be furnished.

I will certify as accurately as possible the specific disease or bodily or mental disablement, if any, which renders such person incapable of work, in such form and containing such particulars as the Minister for Social and Family Affairs (hereinafter called "the Minister") may from time to time require. The Certificate will be legibly written, duly signed by me and bear the date on which such certificate is so signed in accordance with the conditions set out hereunder.

2. I will deal with requests for medical certificates as soon as possible in conformity with the terms of this Agreement and the related guidelines and procedures.
3. I will furnish to the Minister through his Chief Medical Adviser, at such times and in such form as may be required, information as to the persons to whom I have furnished certificates, the date on which each such certificate was issued, the disease or disablement in respect of which it was issued and such further information in regard thereto as may be required.
4. If after examination of an insured person who desires to obtain a certificate for the purpose of claiming Illness Benefit or Injury Benefit, I am of opinion that the condition of such person is not such as to warrant the issue of a certificate, I will forthwith notify the Minister through his Chief Medical Adviser, in such form as may be required, of my refusal to grant a certificate.
5. Medical certificates will be signed and issued by me personally to the insured person concerned. However, if I am prevented by illness, unavoidable absence from home or other sufficient reason from so doing, I will, to the best of my ability, arrange for another Medical Certifier of persons insured under the Acts to examine and certify the insured persons.
6. I will refuse to furnish a certificate only if the condition of the person seeking it does not justify giving it, or that person is, at the time of applying for the certificate, being treated by another Medical Certifier.

1. I will not receive from any insured person any money or other consideration in respect of the issue of a certificate. I will not make it a condition of the issue of a certificate that any such person shall receive from me and pay for medical advice, treatment or medicine. I will not afford medical advice or treatment to any such person unless definitely requested so to do.

8. For the purpose of determining and paying my remuneration, the year shall be divided into four quarters, beginning respectively on February 1, May 1, August 1 and November 1. As soon as possible after the expiration of the quarter in which this Agreement came into force, and of each succeeding Quarter while so remaining the Minister shall pay to me remuneration as determined in the manner set forth in the Medical Certifiers Guide to Medical Certification under Social Welfare Legislation, or in such manner as may be determined from time to time.

1. Where the Minister has reason to believe that I have failed to comply with the terms of the Agreement, he shall notify me of the reason for such belief and shall consider any representations in the matter submitted to him within twenty-one days of the issue of the notification. Notwithstanding the provisions of paragraph 8, the Minister, having regard to the losses which may be caused to the benefit funds by reason of any such failure to comply with the conditions of the Agreement, may withhold such sums as he considers fit or recover such sums as a simple contract debt or may decide to determine the agreement immediately.

10. In the event of my ceasing to issue certificates, I will return to the Department all unused official certificate forms (MC 1 and MC 2) then in my possession.

1. This Agreement shall come into force on my being notified by the Minister of the acceptance thereof and may be determined by one month's notice on either side.

Professional Qualifications _____

Present Appointments held _____

Are you registered in the Medical Register of Ireland or its equivalent in another EEA state as a qualified medical practitioner?

Yes

No

If so registered, indicate (a) the date on which registered _____

(b) your address as registered _____

Please state your PPSN (if applicable) _____

Please enclose a copy of your certificate of current registration.

Signed in the presence of.:

Signed _____

Signature of witness _____

Address _____

Address _____

Date _____

Date _____