## QUICK START GUIDE

# Motor Accident Insurance Commission

## Online Medical Certificate for QLD CTP Claim



This electronic online medical certificate has been designed to make it easier for you to help people injured in motor vehicle crashes to obtain earlier access to vital rehabilitation.

#### HealthLink Technical Support

helpdesk@healthlink.net 1800 125 036

**Motor Accident Insurance Commission** 

innovate@maic.qld.au











#### 1. Open the patient record

Search for the patient and open their electronic medical record. From the View Menu, select HealthLink Forms. In the HealthLink Forms window, click the New Form button.

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File View Help								
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Start Date: 13/08/2021	15 End Date	13/09/2021	15 Provider: All	▼ Loo	cation: All	Status: All	•	
Created Date	Patient		Subject	Provider	Addressee	Location	Status	Message ID

#### 2. Launch the Form

Under the Referred Services section within the HealthLink Homepage, click on Online Medical Certificate for QLD CTP Claims to launch the electronic online medical certificate.

	lealthLink		1800 125 036 (AUS) helpdesk@healthlink.net	Contact Us
Make a referral	Update referral			
Search a	Private Specialist or Allied Health Pro	vider to Refer Patient		
Type indiv	idual / practice name, or specialty then enter Search	n Help Clear State Tasmania 🗸		
SR Spe	cialists & Referrals For Private Specialist Referrals			
Referred	Services			
	ealth Referrals	Chris O'Brien Lifehouse Services		
My Age	Care Referral	Hearing Australia Medical Certificate Online Medical Certificate for QLD CTP Claim	>	

#### 3. Complete the Form

The form will be displayed. At this point, you will have access to all the information necessary to complete the form for submission. All mandatory fields must be completed. Note that you must enter the **Medical Certificate Request ID** (provided by your patient) in the **Requested Information** tab.

MAIC Motor Accident Insurance Commission	Queensland MAIC Medical Certificate				
Patient Information Fred Andrews No patient ID available 23/02/1923	This Medical Certificate is to accompany your Notice of Accid practitioner. For information about Queensland's Compulsory Third Party ( Certificate, phone the MAIC Enquiry line on 1300 302 568 or vi	(CTP) insurance scheme and completing the Medical			
Requested Information	certificates.				
Queensland MAIC Medical Certificate	The person requesting you complete this form will provide you with the CTP Medical Certificate Request ID				
<	CTP Medical Certificate Request ID*				
Referrer Information	Referral date*	13/09/2021			
Best Practice 0000000Y	Medical information				
	Date of accident*				
	Date of initial examination by a doctor*				

#### 4. Ensure patient and referrer information is correct

Patient and referrer information are auto-populated. Under Patient Information and Referrer Information check and ensure that the information displayed is up-to-date and correct.

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MAIC Insurance Commission	Queensland MAIC Medical Certificate	<u>S</u> ubmit	Pre <u>v</u> iew	<u>P</u> ark	<u>H</u> elp∨		
Patient Information Fred Andrews No patient ID available 23/02/1923	Patient Information Date of birth* 23/02/1923				^		
Requested Information A Queensland MAIC Medical Certificate	✓ Fred Andrews						
Referrer Information Best Practice 0000000Y	First name* Middle name(s) Fred Last name* Andrews						
MAIC Motor Accident Insurance Commission	Queensland MAIC Medical Certificate	<u>S</u> ubmit	Pre <u>v</u> iew	<u>P</u> ark	Help~		
Insurance Commission Patient Information Fred Andrews	Queensland MAIC Medical Certificate Medicare provider number* 00000000Y	<u>S</u> ubmit	Pre <u>v</u> iew	<u>P</u> ark			
Patient Information	Medicare provider number*	<u>S</u> ubmit	Pre <u>v</u> iew	<u>P</u> ark			
Insurance Commission Patient Information Fred Andrews No patient ID available	Medicare provider number* 0000000Y Name	<u>S</u> ubmit	Pre <u>v</u> iew	Park			
Insurance Commission         Patient Information         Fred Andrews         No patient ID available         23/02/1923         Requested Information A         Queensland MAIC Medical	Medicare provider number* 0000000Y Name Full name Dr Best Practice	Submit	Pre <u>v</u> iew	Park			
Insurance Commission  Patient Information Fred Andrews No patient ID available 23/02/1923  Requested Information Queensland MAIC Medical Certificate  Referrer Information	Medicare provider number*         00000000Y         Name         Full name       Dr Best Practice         ▶ Best Practice	Submit	Preview	Park			
Insurance Commission         Patient Information         Fred Andrews         No patient ID available         23/02/1923         Requested Information A         Queensland MAIC Medical         Certificate	Medicare provider number*         0000000Y         Name         Full name       Dr Best Practice         ▶ Best Practice         Hospital/practice name*	Submit	Preyiew	Park			

### 5. Submit the Form

Click on Submit when you are ready to send your form. This will safely and securely send the form electronically via HealthLink and you will see a copy of the completed form containing an acknowledgment of receipt.





HealthLink helps over 65,000 healthcare practitioners deliver certainty in care by enabling them to exchange patient information quickly, reliably and securely.

For all queries, please contact HealthLink Customer Care on 1800 125 036 or email helpdesk@healthlink.net

Monday to Friday (Except Public Holidays) 8:00 am - 6:00 pm

www.healthlink.net