

PPS PROFESSIONAL HEALTH PRESERVER / PPS BUSINESS HEALTH PROVIDER™ / SEVERE ILLNESS BENEFIT CLAIM FORM - DOCTOR



The Professional Provident Society Holdings Trust No. IT 312/2011 (PPS Holdings Trust) is a Registered South African Trust
 Professional Provident Society Insurance Company Limited Reg. No. 2001/017730/06 ("PPS Insurance")
 PPS Insurance is an Authorised Financial Services Provider - Licence No. 1044

LIFE ASSURED DETAILS

Member number: _____ Initials: _____
 Name: _____ Surname: _____

MEDICAL CONDITION

To be completed in full by the treating doctor only, please answer all the questions.

In order to assess this claim timeously, full and comprehensive reports regarding the medical condition are required. This will include all relevant medical, blood and special investigations reports, PLUS any other relevant documentation. All medical information will be treated according to the ASISA guidelines on Confidentiality of Medical Information. PPS obtained prior written consent from the above-mentioned life insured in terms whereof additional information pertaining to the claim may be provided.

Please note the assessment of this claim may depend on the severity of your patient's condition.

Diagnosis and ICD10 code (compulsory field): _____

Date of diagnosis: _____ Date of onset of symptoms: _____

Date of first consultation: _____

Name of current and previous medical practitioners who have treated you for this condition:

Doctor's name	Address and contact details	Speciality	Date of last consultation

Secondary, contributory or concurrent medical conditions: _____

Are there further treatment options available for your patient? Please give details: _____

Important: please submit these reports to: claims@pps.co.za or fax to 011 644 4520.

Doctor's Details

Full name: _____ HPCSA no: _____

Telephone no: _____ Email address: _____

Signed at: _____ this _____ day of _____ 20 _____

Signature: _____