

PPS OCCUPATIONAL OR FUNCTIONAL DISABILITY OR SEVERE ILLNESS CLAIM FORM - TREATING SPECIALIST



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Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ('PPS Insurance')
PPS is a Licensed Insurer and Financial Services Provider - License No. 1044

Dear Doctor,

We appreciate your time and cooperation to assist us in considering a claim for your patient.

The following is important:

- PPS has signed consent from your patient to obtain confidential medical information from you.
- In addition to this form, PPS will require a medical report.
- Any cost to provide this information will be for your patient's account.
- **Please send the completed form and supporting documents to:**

Fax: 011 644 4520 or
Email: claims@pps.co.za

Your prompt response will be appreciated.

PART A: MEMBER DETAILS

Name:

Surname:

National ID number:

PART B: MEDICAL CONDITION

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

To assess the claim timeously a **full and comprehensive report/s** regarding the condition is required from the member's medical attendant **in addition to the claim form**. This will include all relevant medical, blood and special investigations reports, PLUS any other relevant documentation.

A guideline in respect of the details required in the medical attendant report is attached for your reference.

All medical information will be treated according to the ASISA guidelines on Confidentiality of Medical Information.

Diagnosis and ICD 10 code (compulsory field):

Date of diagnosis:

Date of onset of symptoms:

Date of first consultation:

PART C: MEDICAL REFERRALS

Please provide the details of any other practitioners, specialists or hospitals/rehabilitation units/institutions that your patient has been referred to or received treatment from. **Include copies of all available specialist reports.**

Name	Contact details	Date of referral/treatment commenced

PART D: MEDICAL PRACTITIONER'S DETAILS

HPCSA Reg No:

Practice No:

Initials: Surname:

Tel No: Fax No:

Email:

Address:

Postal Code:

Signed at this day of 20

Signature:

PART E (1): GUIDELINES FOR AND DETAILS REQUIRED IN THE ESSENTIAL MEDICAL REPORT

The accompanying report should consist of:

- Chronological history of the condition.
- Pre-disposing risk factors.
- Detailed description of current clinical findings. Condition specific test results and details required is provided below.
- Treatment:
 - Medication, commencement date, dose, frequency, compliance.
 - Surgery/therapeutic procedures performed.
 - Anticipated further surgery, treatment or investigations.
 - Rehabilitation (such as occupational therapy, physiotherapy, speech therapy, etc.)
 - Response to treatment
- Complications that are permanent.
- Has optimal treatment been achieved?
- Prognosis with optimal treatment.
- Current impact of the condition on the claimant's:
 - Lifestyle,
 - Activities of daily living and
 - Work.

PART E (2): CONDITION SPECIFIC TEST RESULTS AND DETAILS REQUIRED

Cancer:

- Details of Staging with copies of histology results.
- Nodal and/or distant metastases inclusive of copies of investigations that were undertaken where applicable.
- ECOG performance status at least 6 months after diagnosis.

Cardiovascular:

Comprehensive medical report from Cardiologist, at least 6 months after diagnosis and commencement of treatment with the following information:

- Clinical features at time of event.
- Detail of procedures performed.
- NT ProBNP Results.
- Copy of most recent cardiac stress ECG (unless contraindicated) as well as a resting ECG.
- Echocardiographic report indicating current ejection fraction.
- Functional capacity measured using the New York Heart Association (NYHA) classification.
- 6-minute walk test score which indicates distance covered in meters and heart rate after completion. Test should be performed with heart rate monitoring with an appropriate peak heart rate response of > 100bpm attained for the test.
- On-going treatment protocol.

Neurological:

Comprehensive medical report from treating specialist (neurologist and/or neurosurgeon) detailing current physical and neurological impairments affecting the following:

- Two Mini-mental state examination reports at least 6 months apart.
- Proof of 30 days continuous hospitalisation or rehabilitation centre admission.

Mental Health:

Comprehensive report from the treating Psychiatrist detailing:

- The diagnosis of psychiatric disorder, including classification according to the DSM - V (or latest version).
- Compliance to prescribed treatment including drug levels of medication and any changes in medication including the dosage and duration that the medication was taken.
- Was ECT used or considered if medication administered failed?
- Is the patient capable of performing higher executive functions or does he/she require curatorship?
- Is the patient institutionalized?

Liver Disease:

Comprehensive medical report from specialist physician or gastroenterologist including the following:

- Blood tests assessing degree of liver damage.
- Results of two Child-Pugh assessments more than 6 months apart, including investigations done.
- Proof of listing on a recognized South African or international transplant list where applicable.

Musculoskeletal:

Diseases affecting the functioning of limbs, spine, muscles and joints, including, spinal surgery, joint replacements, amputations and burns.

Comprehensive medical report from treating medical specialist detailing the nature of the loss of function as well as details of:

- Copies of reports confirming the life insured's loss of use of a limb, both limbs or thumb/s, including radiographic and electro conduction study results, where appropriate.
- Grading of power and range of movement.
- Classification of burn depth and percentage of body surface area.

Renal and Urogenital:

Comprehensive report from the treating specialist/physician or nephrologist:

- Two or more eGFR measurements performed more than 6 months apart.
- Copies of most recent investigations done where applicable including kidney biopsy results if applicable.
- Procedures undertaken where applicable.

Respiratory:

Comprehensive report from treating specialist/pulmonologist inclusive of:

- Exercise capacity (6 minute walk distance): The six-minute walk distance must be performed with heart rate monitoring, with an appropriate peak heart rate response of > 100bpm attained for the test. **This test is not required in claimants using home oxygen.**
- At least two Pulmonary (lung) function tests including: Single Breath Diffusion Test (DICO) and FEV1 test results, done 6 months apart. Must be performed by a specialist; pulmonologist; must meet ATS criteria and must include pre- and postbronchodilator measurements.

Gastrointestinal:

Comprehensive medical report from specialist gastroenterologist detailing:

- Copies of investigations performed including;
 - Two Body Mass Index(BMI) values measured for a period of **at least 6 months** with the last measurement being **6 months after** the diagnosis of the disorder.

Hearing Disorder:

Comprehensive ENT (ear, nose and throat) specialist report indicating reason for loss of hearing:

- Diagnostic Audiology report at initial diagnosis and **at least 6 months** after diagnosis; indicating auditory threshold **with hearing aid, device or implant** that could result in the partial or total restoration of hearing.

Visual:

Comprehensive medical report from the specialist ophthalmologist detailing:

- At least two visual assessments, performed **6 months apart**. Tests results including best corrected visual acuity (Snellen score) and visual fields where applicable.