

PPS Critical Illness and Education Cover Severe Illness Doctor claim form

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

Claim in respect of: Policyholder Child (*)

(*) Only indicate if the claim is in respect of a Child Critical Illness Benefit

Particulars of Policyholder

Member number:

Name:

Surname:

National ID number / Date of birth:

Particulars of child (complete only if this is a Child Critical Illness claim)

Name:

Surname:

National ID number / Date of birth:

Biological Child Step Child Adopted Child

Medical condition

To be completed in full by the treating doctor only, please answer all the questions.
 In order 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. 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 ICD 10 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 your patient 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.

Medical Practitioner's details

HPCSA Reg No:

Practice No:

Surname:

Initials:

Telephone No:

Email address:

Address:

Fax No.:

Signed at this day of 20

Signature:

Procedure for claiming

GENERAL

The assessment of this benefit is subject to claim procedures and protocols. In order to process claims promptly, policyholders are requested to follow the correct procedure.

Claims for these benefits must be made using the prescribed PPS claim forms, namely:

- **PPS Critical Illness and Education Cover -Member Claim Form**
- **PPS Critical Illness and Education Cover - Doctor Claim Form**

To enable the timeous assessment of the claim all required details should be fully completed. Should information be omitted there may be a delay in the finalisation of the claim.

In addition to the claim forms above, a comprehensive medical report from the treating Medical Practitioner, including copies of investigative results used to confirm the diagnosis, must accompany the claim. The costs of these are for the policyholder's own account.

A list of specific requirements is listed below for easy reference.

Additional information (at PPS' cost) may be requested from either the policyholder or any Medical Practitioner to finalise the claim. The policyholder and /or the Medical Practitioner will be notified if additional information is required.

PPS Claims Contact details:

Claims department:

Email: claims@pps.co.za

Fax: 011 644 4520

Claims / General Queries:

Email: memberservices@pps.co.za

Telephone: 011 644 4320

CHILD CRITICAL ILLNESS BENEFIT

In addition to the medical information listed below, claims in respect of the Child Critical Illness should be submitted with the following supporting documents as is required in terms of the policy rules:

Claim for biological child

- Copy of unabridged birth certificate

Claim for stepchild

- Copy of unabridged birth certificate
- Copy of marriage certificate

Claim for adopted child

- Adoption order

Conditions marked with an asterix (*) are not covered under the Education Cover Benefit

Cardiovascular:

1. Heart Attack:

Comprehensive medical report from Cardiologist **at least 30 days** after the event with the following information:

- Clinical features at time of event
- Detail of procedures performed
- Copy of most recent cardiac stress ECG as well as a resting ECG
- Echocardiographic report indicating current ejection fraction and
- Functional capacity measured using the New York Heart Association (NYHA) classification
- On-going treatment protocol

2. Cardiac Surgery and procedures, and Aortic surgery (*):

Comprehensive operation report from the Cardio-thoracic surgeon including **history** of the condition and **procedure** undertaken and further management

3. Cardiomyopathy:

Comprehensive medical report from the treating Cardiologist including current echocardiogram report and ejection fraction or METS findings.

Cancer:

Comprehensive medical report from treating Specialist including the following information:

- Details of Staging with copies of histology results
- Nodal and or distant metastases inclusive of copies of investigations that were undertaken where applicable

Neurological:

1. Stroke

2. Multiple Sclerosis

3. Muscular Dystrophy

4. Parkinson's disease,

5. Myasthenia Gravis

6. Brain Tumour causing symptoms or

7. Intracranial Lesion requiring surgery

Comprehensive medical report from treating medical attendant detailing the history of the condition, procedure/s undertaken and further management considered as well as detail on current physical and neurological impairments affecting the following:

- Use of the Upper limb/s
- Use of lower limb/s
- Visual
- Communication
- Cognition
- Other (irreversible incontinence, neurogenic systemic impairments)

NOTE:

For the diagnosis of a **STROKE** the aforementioned report is required at **least 3 months after the event**.

8. Motor Neuron disease:

Comprehensive report from a consultant neurologist detailing the history of the condition and unequivocally proving the diagnosis with copies of investigations done where applicable.

9. Dementia or Alzheimer's disease

Comprehensive report from a consultant neurologist detailing the history and diagnosis of the condition with copies of investigations done where applicable.

10. Guillain-Barre Syndrome

Comprehensive medical report from treating medical attendant detailing:

- The history of the condition,
- Need for mechanical ventilation
- Procedure/s, test undertaken and the outcome thereof
- Further management considered
- Physical and neurological impairments requiring full time care for basic activities of daily living or requiring a wheeled mobility device

Transplants:

Heart
Lung
Kidney
Liver
Small Bowel
Bone Marrow

Comprehensive medical report from treating medical attendant detailing the history of the condition, procedure/s undertaken and organ transplant waiting list details.

Musculoskeletal:

Paralysis (Quadriplegia/Paraplegia); Loss of use of limbs; Amputation (*):

Comprehensive medical report from treating medical attendant detailing the history of the condition, the nature of the loss of function as well as details of any procedure/s undertaken.

Kidney and urological:

Comprehensive report from the medical attendant detailing:

- The history of the condition.
- Treatment undertaken to date,
- Response to treatment
- Copies of most recent investigations done where applicable
- Procedures undertaken where applicable

Connective tissue:

1. Active, unresponsive Rheumatoid Arthritis:

Comprehensive medical report from the consultant Rheumatologist detailing:

- The history of the condition,
- Procedure/s undertaken where applicable
- Management to date
- Full details of treatment/management protocols which have been implemented which have not succeeded in reducing activity of the disease.
- HAQ score
- Copies of investigations confirming diagnosis

Details of joints affected including the severity of symptoms and signs

2. Systematic Lupus Erythematosus with nephritis; Scleroderma; Giant cell arteritis or temporal arteritis (*); Wegener's granulomatosis

Comprehensive medical report from a treating Rheumatologist or Physician, indicating:

- Degree and nature of system/organ involvement
- Functioning of each of the affected organs with copies of relevant investigations undertaken in this regard
- Copies of biopsy report and copies of all other investigations performed
- Treatment prescribed
- Response to treatment

Respiratory:

Respiratory failure; Lobectomy (*) (removal of a lobe of a lung or a complete lung) Bronchopleural Fistula requiring surgery (*); Pulmonary Embolism (*); Recurrent Pulmonary Embolism

Comprehensive report from medical attendant inclusive of:

- The history of the condition
- Procedure/s undertaken where applicable
- Management up to date
- Response to management
- Pulmonary functioning test (lung function test) and FEV1 test results
- Number of hours on oxygen treatment where applicable

Gastrointestinal:

1. **Ulcerative colitis requiring surgery**
2. **Crohn's disease requiring surgery**
3. **Chronic Liver failure**
4. **Chronic pancreatitis**
5. **Total Colectomy**
6. **Permanent Colostomy:**

Comprehensive medical report from the consultant medical attendant detailing:

- The history of the condition, nature and severity of the symptoms experienced where applicable
- Procedure/s undertaken where applicable
- Management to date
- Response to management
- Copies of investigations performed

Blood:

Aplastic Anaemia

Comprehensive medical report from the treating Specialist including copies of bone marrow biopsy indicating: Neutrophil, reticulocyte and platelet count.

Ear, nose and throat:

1. Loss of hearing

Comprehensive medical attendant report indicating reason for loss of hearing:

- Audiology report indicating auditory threshold with hearing aid, device or implant that could result in the partial or total restoration of hearing

2. Loss of speech

Comprehensive medical attendant report indicating reason for loss of hearing:

- Report from Specialist indicating history and management in the last 12 months

Visual:

Loss of sight; diabetic retinopathy; Hemianopia

Comprehensive medical report from the Ophthalmologist detailing:

- The history of the condition,
- Procedure/s undertaken where applicable
- Management up to date
- Response to management
- Tests results including best corrected visual acuity and visual fields where applicable

Trauma:

1. Coma

Comprehensive medical report from treating doctor including reason for and duration of coma and current physical and neurological impairment.

2. Traumatic injury resulting in permanent impairment

Comprehensive medical report from treating medical attendant detailing the nature of the injury, procedure/s undertaken and further management considered as well as detail on current physical and neurological impairments affecting the following:

- Use of the Upper limb/s
- Use of lower limb/s
- Visual
- Communication
- Cognition
- Other (irreversible incontinence, neurogenic systemic impairments)

3. Gunshot wounds

Comprehensive medical report from treating doctor including area of body involved and procedures carried out.

4. 3rd Degree Burns

Comprehensive medical report from treating doctor indicating degree of burn wounds and body surface area affected as a %.

5. Reconstructive Facial surgery or disfigurement due to injury, accident or assault:

Comprehensive medical report from the treating Specialist with the history of the condition and indications for surgery and the procedure undertaken.

6. Accidental HIV infection:

- Member report to PPS Insurance within 10 days of incident
- HIV antibody test, taken within 3 days of the incident by a ASISA formal accredited laboratory
- Proof of prophylactic treatment taken for a full period of 28 consecutive days to the satisfaction of PPS Insurance in the form of copies of scripts filled at pharmacy
- Blood test results indicating sero-conversion performed by an ASISA accredited laboratory

ICU benefit:

Comprehensive medical report from treating doctor detailing:

- Reason for and duration of admission to ICU
- Detailing the need for mechanical ventilation and the duration thereof.

NOTE:

Hospital confirmation detailing date of admission to ICU and date of Discharge is required