

**PPS Critical Illness Cover (STANDALONE) Pregnancy Complications Cover  
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

**Particulars of Policyholder**

Member number:

National ID number/Passport if no ID:

Name:

Surname:

**Medical condition**

To be completed in full by the treating Medical Attendant only; please answer all the questions in full to ensure timeous assessment of your patients claim.

In order to assess the claim timeously a full and comprehensive report/s regarding the condition below is required from the member's Medical Attendant in addition to this claim form. All relevant medical, blood and special investigations reports, PLUS any other relevant documentation must be included.

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.

Assessment of the Critical Illness Pregnancy complications cover will be based on specific definitions for the conditions below only. Please read the definitions and indicate the condition for which the claimant was treated.

**Abortion due to Amniocentesis**  
Miscarriage directly or indirectly caused by amniocentesis within 7 days of amniocentesis.

**Hydatidiform mole**  
Confirmatory histological evidence will be required.

**Amniotic Fluid Embolism**  
Diagnosis of an amniotic fluid embolism requiring emergency treatment and intensive care admission.

**Severe Pre-eclampsia and Eclampsia**  
The diagnosis of severe pre-eclampsia or eclampsia by a gynaecologist or physician.

**Ectopic Pregnancy**  
The ectopic pregnancy must have been terminated by laparotomy or laparoscopic surgery.

**Sheehan's Syndrome**  
Diagnosis must be confirmed by a neurologist.

**Hyperemesis Gravidarum**  
Treatment must require a minimum hospital admission for 4 (four) days.

**Uterine Rupture**  
Uterine rupture is defined as the full thickness tear of the uterus into the abdominal cavity during labour.

**Placenta Praevia**  
The placenta must extend to the margin of the internal os of the cervix or partially or completely obstruct the os, Caesarean section must be required for this condition.

**Abruption Placentae**  
The condition must require hospitalisation and a blood transfusion and/or have disseminated intravascular coagulation (generation of blood clots in the circulating blood).

**Pulmonary Embolism**  
Life threatening obstruction of the pulmonary artery or one of its main branches by an embolus (thrombus, air or fat embolism, foreign body). For this benefit, a claim is considered only during pregnancy or 2 weeks post-partum.

## Details of the claim

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

Date of diagnosis:         Date of onset of symptoms:

Date of first consultation:         ICD 10 code:

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](mailto:claims@pps.co.za) or fax to 011 644 4520.

## Medical practitioner's details

HPCSA Reg No:         Practice No:

Surname:                      Initials:

Email:

Contact telephone number:

Physical address:

Fax No. (h):

Signature of attending practitioner:

Signed at  this  day of  20