PPS DISABILITY CLAIM FORM- MEDICAL DOCTOR

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This form applies to PPS Professional Provider™ Disability Insurance (DISA), PPS Professional Disability Provider™ (PDP), PPS Business Life Provider™ with Disability Insurance (DISA), PPS Life Assurance with Accelerated Disability, Business Disability Provider benefits and Education Cover.

Dear Doctor,

We appreciate your time and cooperation to assist us in considering a Disability 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 comprehensive 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
  - E-mail: claims@pps.co.za
- Your prompt response will be appreciated.

**Report guidelines provided at the back of this form.*

PART A: MEMBER DETAILS

Member Number: National ID Number:

Surname: Initials:

Occupation prior to disability:

PART B: MEDICAL CONDITION

Primary Diagnosis:	Initial date made:	ICD 10 code:
Secondary Diagnosis:	Initial date made:	ICD 10 code:

PART C: MEDICAL REFERRALS

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

Name	Contact details	Date of referral

PART D : MEDICAL PRACTITIONER'S DETAILS

HPCSA Reg No: Practice No:

Surname: Initials:

Telephone No: Fax No:

Email Address:

Address:

Signed at: this day of 20

Signature of medical doctor:

PART E : GUIDELINES FOR THE REQUIRED CONFIDENTIAL MEDICAL REPORT

The accompanying report should consist of:

- Date of onset and chronological history of the condition
- Pre-disposing risk factors
- Detailed description of current clinical findings.
- Treatment:
  - Medication, commencement date, dose, frequency , compliance
  - Surgery/therapeutic procedures performed
  - Anticipated further surgery
  - Therapeutic procedures
  - Rehabilitation
  - Hospitalisation
  - Response to treatment
- Complications that are permanent
- Prognosis with optimal treatment
- Impact of the condition on the claimant's
  - Lifestyle,
  - Activities of daily living,
  - Work
- Attacch the results of condition specific confirmatory investigations/tests

The policyholder and/or the Medical Practitioner will be notified if additional information is required.