



PPS INSURANCE TERMINAL ILLNESS BENEFITS FORM – DOCTOR

The Professional Provident Society Holdings Trust No IT 312/2011(PPS Holding 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

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

This is a claim form for the *PPS Insurance Terminal Illness Benefit*. **NB:** the patient irrevocably authorised PPS Insurance to obtain information from any person regarding his health, personal or commercial status and /or any information related to any claims for an insurance benefit.

We appreciate the urgency of this claim. In order to facilitate the processing of your patient's claim more quickly we require copies of all medical reports related to the condition. It may be necessary to contact you for further information.

Member number: Initials: _____

Name: _____ Surname: _____

MEDICAL CONDITION

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

Diagnosis and ICD10 code (compulsary 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	Specialty	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: _____