

# PPS CRITICAL ILLNESS AND PPS EDUCATION COVER™ PRODUCT CLAIM FORM - DOCTOR



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Dear Doctor,

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

### The following is important:

- PPS has a signed consent from your patient to obtain confidential medical information from you. All medical information will be treated according to the ASISA guidelines on Confidentiality of Medical Information.
- In addition to this form, PPS will require a comprehensive medical report and copies of **all** relevant medical, blood and special investigations reports. **A set of specific requirements is listed below for easy reference. Please provide requirements that pertain ONLY to your patient's condition.**
- Any cost to provide this information will be for your patient's account.
- Please send the completed form and supporting document to:

Fax: 011 644 4520 or

Email: [claims@pps.co.za](mailto:claims@pps.co.za)

## PART A: PARTICULARS OF PATIENT

Name:

Surname:

National ID number

## PART B: MEDICAL CONDITION

1. Primary Diagnosis and ICD 10 code (compulsory field):

Date of diagnosis:   /   /

Date of onset of symptoms:   /   /

Date of first consultation:   /   /

2. Secondary, contributory or concurrent medical conditions:

**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	Speciality	Contact details	Date of referral/treatment commenced
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			D D / M M / Y Y Y Y
			D D / M M / Y Y Y Y
			D D / M M / Y Y Y Y
			D D / M M / Y Y Y Y

**PART D: Medical Practitioner Details**

HPCSA Reg No:  Practice No:

Surname:

Initials:  Telephone No:

Email address:

Address:

Fax No.:

Signature:

Signed at  this  day of  20

## **PART D (1): GUIDELINES FOR 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, date stopped, 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.
- Current impact of the condition on the patient's:
  - Lifestyle
  - Activities of daily living
  - Work

## **PART D (2): CONDITION-SPECIFIC TEST RESULTS AND DETAILS REQUIRED**

**NOTE: A set of specific requirements is listed below alphabetically by body system for easy reference. Please provide requirements that pertain ONLY to your patient's condition.**

### **Cancer**

Comprehensive medical report from treating Specialist including the following information:

- Details of staging with copies of histology or cytology results
- Nodal and or distant metastases inclusive of copies of investigations that were undertaken, where applicable
- For brain tumours: the WHO classification of tumours of the central nervous system
- Clinical/laboratory\*\* findings which include a molecular-based test that confirms the suitability of immunotherapy treatment, where applicable
- The name of the targeted therapy being considered as treatment for this cancer
- What treatments have already been used (if applicable) – please be as specific as possible e.g. types of chemotherapy, number of cycles

\*\*Prerequisite for members that wish to claim against the Exact benefit (optional rider)

### **Cardiovascular**

#### **1. Acute Coronary Syndrome:**

Comprehensive medical report from Physician or Cardiologist with the following information:

- Troponin T levels (Trop T)
- Angiogram (if performed)
- ECG

## **2. Heart Attack:**

Comprehensive medical report from Physician or 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
- Copy of ECG results at time of event
- Echocardiographic report indicating current ejection fraction
- Copy of blood test results and/or angiogram results where applicable
- Functional capacity measured using the New York Heart Association (NYHA) classification
- On-going treatment protocol

## **3. Cardiac Surgery and procedures, including:**

- PTCA and/or stenting of at least one vessel
- Endovascular repair of an Atrial or Ventricular Septal Defect/s
- Cardiac Arrhythmia having undergone pathway ablation or permanent pacemaker insertion
- Pericardiectomy
- Heart valve repair or valvotomy
- Surgical repair of an atrial myxoma
- Coronary artery bypass grafting
- Heart valve replacement
- Surgical repair of left ventricular aneurysm
- Aortic and Peripheral Artery Surgery

Comprehensive operation report from the Cardio-thoracic surgeon or Cardiologist, including history of the condition and procedure undertaken and further management.

## **4. Cardiomyopathy and Heart failure:**

Comprehensive medical report from the treating Cardiologist including;

- Latest echocardiogram report and ejection fraction or METS findings (2 readings at least 3 months apart)
- Copy of blood tests performed which must include NT-ProBNP
- Treatment and response to treatment, at least 6 months following commencement

## **Connective tissue Disease and Autoimmune Diseases**

### **1. 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
- Information to indicate that the condition meets the criteria for diagnosis as per the criteria of the American College of Rheumatology
- Details of joints affected including the severity of symptoms and signs

### **2. Systematic Lupus Erythematosus:**

**Progressive Systemic Sclerosis**

**Sarcoidosis**

**Polyarteritis Nodosa**

**Giant Cell Arteritis**

**Wegener's granulomatosis**

**Dermatomyositis**

**Polymyositis**

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
- Information to indicate that the condition meets the criteria for diagnosis as per the criteria of the American College of Rheumatology

## **Endocrine**

- 1. Thyroid storm**
- 2. Diabetes insipidus**
- 3. Acute adrenal crisis (excluding adrenal fatigue)**
- 4. Addison's disease**
- 5. Simmond's disease**
- 6. Conn's syndrome**
- 7. Cushing's syndrome**
- 8. Glycogen storage disease**

Comprehensive medical report from Endocrinologist supported by appropriate investigations.

## **Gastrointestinal**

- 1. Ulcerative colitis**
- 2. Crohn's disease**
- 3. Permanent Ileostomy/colostomy**
- 4. Hemicolectomy**
- 5. Total colectomy**
- 6. Chronic Liver Disease (Child-Pugh classification performed)**
- 7. Primary sclerosing cholangitis or ciliary cirrhosis**
- 8. Fulminant Hepatic Failure**
- 9. Chronic pancreatitis**
- 10. Partial/Complete pancreatectomy due to illness or injury**

Comprehensive medical report from the Gastroenterologist detailing:

- The history of the condition, nature and severity of the symptoms experienced where applicable
- Procedure/s undertaken where applicable
- Copies of investigations performed
- Predisposing or contributory factors

## **Haematological**

### **1. Aplastic Anaemia**

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

## **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.

## Kidney and Urological

1. **Chronic progressive Renal Failure**
2. **Acute Renal Failure**
3. **Total Nephrectomy**
4. **Bilateral Orchiectomy**
5. **Cystectomy**

Comprehensive report from the medical attendant detailing:

- The history of the condition
- Treatment undertaken to date
- Copies of most recent investigations done where applicable
- Procedures undertaken where applicable
- For Chronic renal failure - at least two eGFR measurements more than 6 months apart must be performed

## Musculoskeletal

### 1. **Loss of or Loss of use of Hands, Feet and/or limbs**

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.

Please provide enough information to enable the assessment of Whole Person Impairment such as range of movement, measurement of the fixed deformities, radiological findings, DASH scores, ability to undertake Activities of Daily Living, need for assistive devices, walking distances etc.

## Neurological

1. **Stroke**
2. **Multiple Sclerosis**
3. **Muscular Dystrophy**
4. **Motor Neuron Disease**
5. **Parkinson's disease**
6. **Myasthenia Gravis**
7. **Intracranial or Spinal Cord lesion requiring surgery**
8. **Paralysis (permanent quadriplegia, paraplegia, hemiplegia or diplegia as result of injury to or disease of spinal cord)**

Comprehensive medical report from Physician or Neurologist detailing the history of the condition, procedure/s undertaken, test results and further management considered as well as detail on current physical and neurological impairments affecting the following (at least **3 months after** the event/diagnosis):

- Upper extremities
- Lower extremities
- Visual
- Communication
- Cognition
- Other (irreversible incontinence, neurogenic systemic impairments)

### 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, including but not limited to:

- Mini Mental State Examination (MMSE) at least 2 examinations done at least 6 months apart
- Details of level of self-care and/or level of supervision needed by the patient
- Copies of all investigations performed
- Neurocognitive assessment report if performed

### 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
- Occupational Therapist or Physiotherapist report if available

## Respiratory

### 1. Obstructive or Restrictive Lung Disease

### 2. Pulmonary embolism

### 3. Pulmonary hypertension

### 4. Bronchopleural Fistula

### 5. Respiratory surgery (removal of lobe of lung not for donor purposes), removal of more than one complete lobe, or removal of an entire lung

Comprehensive report from appropriate specialist (i.e. Physician, Pulmonologist\* or Cardiologist, etc.) inclusive of:

- The history of the condition
- Procedure/s undertaken where applicable
- Management up to date
- Response to management
- Copies of all tests performed, i.e. pulmonary functioning test (lung function test) and FEV1 test results. For Obstructive or Restrictive lung disease please supply two Pulmonary function tests done at least 6 months apart with pre- and post-bronchodilator results
- Number of hours on oxygen treatment where applicable

\*For Pulmonary Hypertension- please include an Echocardiogram

## Sensory

### 1. Loss of hearing/cochlear implant

Comprehensive report from ENT specialist and Audiologist 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 communication

Comprehensive report from ENT specialist and speech therapist indicating reason for speech impairment:

- Report from Specialist indicating history and management in the last 12 months
- Please provide enough information to enable the assessment of Whole Person Impairment

### 3. Loss of vision; Irreversible Homonymous 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

## Transplant

### Heart; Lung; Kidney; Liver; Small Bowel; Pancreas; Bone Marrow, as recipient

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

**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)
- Please provide enough information to enable the assessment of Whole Person Impairment

**3. Penetrating Gunshot wounds (head, neck, chest, abdomen or pelvic area)**

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

**4. Burns**

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

**5. Facial injury**

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

**6. Accidental Contraction of Human Immunodeficiency Virus (HIV):**

- HIV antibody test, taken within 73 hours of the incident leading to HIV exposure to confirm prior HIV negative status
- Proof of a full course of post exposure prophylactic treatment taken for a 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

**7. Acquired Immune Deficiency Syndrome (AIDS)**

- Positive HIV blood test and
- CD4 cell count of less than 200 after being compliant on anti-retroviral treatment for a minimum of 6 months
- Diagnosis of WHO AIDS defining illness after being on anti-retroviral treatment for a minimum of 6 months