BUSINESS DISABILITY BENEFIT (OSRB; OWN AND SIMILAR OCCUPATION)-MEDICAL 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

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
 - Email: claims@pps.co.za

*Report guidelines provided from page 2 of this document.

PARTICULARS OF LIFE INSURED		
Surname:	Initials:	
National ID number:		
Occupation prior to disability:		
MEDICAL CONDITION		
Primary Diagnosis:	Date first diagnosed:	ICD 10 code:
Secondary Diagnosis:	Date first diagnosed:	ICD 10 code:

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



MEDICAL PRACTITIONER'S DETAILS

HPCSA Reg No: Practice No: Practice No:	
Surname:	
Telephone No: O	
Email Address:	
Signed at: this day of	20
Signature of medical doctor:	

GUIDELINES FOR 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:
 - o Medication, commencement date, dose, frequency, compliance
 - o Surgery/therapeutic procedures performed
 - **o** Anticipated further surgery
 - **o** Therapeutic procedures
 - **o** Rehabilitation
 - **o** Hospitalisation
 - **o** Response to treatment
- Complications that are permanent
- Prognosis with optimal treatment
- Impact of the condition on the claimant's
 - o Lifestyle,
 - o Activities of daily living,
 - **o** Work
- <u>Attach the results</u> of condition specific confirmatory investigations/tests

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