CLAIM FOR SICKNESS BENEFIT (DECLARATION BY MEDICAL DOCTOR/DENTIST)



The Professional Provident Society (PPS) Holdings Trust No IT 312/2011 is a Registered South African Trust. The Professional Provident Society Insurance Company Limited Reg. No 2001/017730/06 is a licensed insurer conducting life insurance business, a licensed controlling company and an authorised financial services provider. Any reference to PPS in this form means PPS Insurance.

Dear Doctor.

PART A: PARTICULARS OF PATIENT

We appreciate your time and cooperation in assisting PPS to assess your patient's claim accurately.

Kindly provide comprehensive answers to the questions listed below and attach copies of all relevant investigations available to you.

PPS obtained prior written consent from the life insured in terms of which medical information pertaining to the claim may be provided. In terms of the Promotion of Access to Information Act 2 of 2000 (POPIA) and other applicable legislation, PPS may also be obliged to release such medical information obtained as part of the claims assessment process to the policyholder at their request. Furthermore, PPS may be legally obliged to share the medical information with a third party in accordance with the laws of the Republic of South Africa, including but not limited to POPIA.

By providing the medical information, you hereby consent to the sharing and further processing thereof. PPS undertakes that it will share and process such medical information in accordance with the purpose for which it was collected, which may include instances of complaints or dispute resolution. However, the utmost care will be taken to prevent any unreasonable or unlawful disclosure.

Please send the fully completed form and supporting documentation to PPS Claims at claims@pps.co.za

Surname: Date of birth: D M M Y Y	Occupation prior to the sickness:	Initials:
PART B: CLAIM DETAILS		
In your professional opinion/based on clinical Recommended sick leave periods:	findings, was the patient unable to perform hi	s duties partially or totally?
NOTE To qualify for total benefits, your patien associated with their above occupation, wheth administrative tasks such as dealing with quer	ner physical or mental tasks, including minor pies. e to perform SOME professional duties from: Y End date: D D M M	nysical tasks such as consulting or
reduced working hours compared to normal wand profession. 3. When did your patient resume their usual	orking hours, but not all. PPS Claims will also	assess this in line with the occupation
PART C: PARTICULARS OF DIAGNOSIS, CON	SULTATIONS (Please attach copies of all releval	nt investigations in support of the claim.)
Primary diagnosis:	Initial date made:	ICD 10 code:
Secondary diagnosis:	Initial date made:	ICD 10 code:

5.	Did the condition have: An acute onset? Slowly progressive onset?
6.	Provide date of initial consultation with yourself and brief details of the chronological history of the condition or sequence of events, prior to the initial consultation.
7.	Provide details of presenting symptoms of the disease/condition that significantly prevented your patient from performing their usual professional duties and required optimal medical treatment or supervision such as medication, hospitalisation, surgery and rehabilitation.
7.1.	Please provide details of the referring doctor:
8.	Which side of the body is affected? Left: Right: Both: Not applicable:
9.	If affected, is it a dominant limb? YES NO
10.	Is this claim due to an injury/traumatic event? YES NO
If Y	ES, please supply the date of injury/trauma.
Ple	ase provide details in this regard (motorcycle accident, rugby injury, hijacking incident, etc.).
PA	RT D: PARTICULARS OF SURGERY, RESPONSE TO TREATMENT AND ANTICIPATED FURTHER TREATMENT
11.	Was any surgery/procedure performed? YES NO
Dat	e of initial surgery/procedure:
Dat	e of second surgery/procedure:
Des	scribe nature of surgery: e.g., open surgery, laparoscopic.
	vide details of complication(s) following surgery which prolonged the illness beyond what can be reasonably expected for a addition of this nature:
	dditional surgery/procedure(s) anticipated? YES NO ES, provide details (i.e. dates, nature of surgery).

Name of medication/therapy	Dose and frequency of treatment	Date commenced	Date completed			
 Describe your patient's compliance was stopped and/or alternative trea 	to treatment. If not compliant to treatment, pro ement provided.	vide comprehensive de	tails when treatment			
 Provide details of complications in expected for a condition of this natu 	addition to the above which prolonged this inc are?	apacity beyond what c	an be reasonably			
15. Please provide details of co-morbidi	les and indicate how it influenced your patient'	s recovery, where appli	cable.			
PART E: GENERAL						
	nt result in any form of permanent incapacity?	YES	NO			
	rmanent capacity, describe interventions taken					
The event the diagnosis results in a pe	marient capacity, accerned interventions taken	to prevent this.				
16.1. Do you expect a further claim for th	e condition?					
To you expect a farther claim for the	e condition.					
17. Are you related to this patient?		YES	NO			
If YES, describe the nature of your relation	onship with the patient:	123	140			
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12. Details of treatment administered for current sickness claim event including medication, physiotherapy and psychotherapy.

PART F: MED	ICAL	PRAC	TITI	ONE	R'S	DET	AILS	;															
HPCSA reg no.											F	Pract	ice n	0.:									
Initials:			Sı	urnai	me:																		
Telephone:																							
E-mail:																							
Address:																							
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Signed at										this					d	lay o	f					20	
Signature of m	edical	atter	ndan	t																			

DISCLAIMER:

By submitting this form electronically, you acknowledge that your electronic signature holds the same legal weight as a handwritten signature. For authorised electronic signature details, contact your financial adviser or e-mail memberservices@pps.co.za. Using unauthorised electronic signatures is at your own risk and PPS Insurance disclaims liability for any related issues.

INFORMATION REGARDING THE DECLARATION BY MEDICAL DOCTOR/DENTIST FORM

PPS takes into consideration the standard recovery time for which any particular illness would, under normal circumstances, reasonably render a person unable to perform their professional duties. The standard recovery time is based on current clinical practice and research into relevant medical literature regarding treatment protocols and anticipated recovery periods. PPS will, however, take into consideration aggravating factors influencing the recovery of the individual when assessing a claim. In this regard, please provide relevant medical information which will assist PPS in its assessment of the claim.

Claims for sickness benefits must be made on the prescribed PPS claim forms.

Please note the following:

- 1) The treating medical practitioner/dentist must complete this form. Please note that PPS does not accept telephonic consultations and the policy rules require that the claimant should be personally examined by the attending medical practitioner.
- 2) The member must have consulted the treating medical practitioner within the first seven days of the start of the claim period and the most recent consultation dates should be stated.
- 3) The Declaration by Medical Doctor/Dentist Form should cover the whole period claimed for. No post-dated forms will be accepted, except in the cases where PPS has authorised such request. PPS may, at its discretion, request weekly or monthly declarations to confirm diagnosis, treatment and progress.
- 4) To avoid conflict of interest, PPS will not allow Declaration by Medical Doctor/Dentist Forms to be signed by practitioners where there is a familial or other relationship between the physician and the policyholder except for the doctor/patient relationship.

 Where this is not the case, PPS reserves the right to ask for any additional medical or other information that it may deem necessary to validate the claim.
- 5) Please note that while PPS values the contribution of psychologists, physiotherapists and occupational therapists in the treatment of patients, only medical doctors may book PPS members off work for PPS benefits.
- 6) In determining whether the patient is booked off as "Total" or "Partial", please indicate on the form if the patient can perform any of their usual professional duties. Usual professional duties are defined as those occupational tasks which the patient is required to carry out as part of their occupation prior to claim. This may include administrative duties or tasks such as attending to electronic communication.
- 7) No fee(s) will be paid by PPS for the completion and/or submission of this form. If you intend to levy a fee for the completion and/or submission of this form, payment will have to be discussed and arranged directly with your patient.
- 8) PPS reserves the right to request further reports or consultation records should the need arise.

For further information please ask your patient to consult the PPS How to Claim Document and their PPS Provider ™ Policy.