

# FAMILY RESPONSIBILITY RIDER BENEFIT – ADMISSION (DECLARATION BY DOCTOR)



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,

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

## PART A: MEMBER DETAILS

Member number:

Initials:  Surname:

Date of birth:

E-mail:

Cell phone:

## PART B: DETAILS OF THE CLAIM

### Particulars of the patient

Name:

Surname:

ID/Passport number (if no ID):

## PART C: MEDICAL CONDITION

1. Primary diagnosis:  ICD 10 code:

2. Secondary diagnosis (if applicable):  ICD 10 code:

3. Did the condition have: An acute onset?  Slowly progressive onset?

4. Provide **date of initial consultation** and brief details of the **chronological history** of the condition, or sequence of events:

5. Does the patient have any pre-disposing risk factors e.g., raised cholesterol, hypertension, alcohol abuse, prior injuries, chronic disease/injury/illness which may have led to the development of the illness or claim event? Please provide details:

