

BUSINESS DISABILITY BENEFIT (OSRB; OWN AND SIMILAR OCCUPATION) - MEDICAL 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, a comprehensive medical report* 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 (PAIA), 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 the Protection of Personal Information Act 2013 (POPIA).

You hereby consent to the sharing and further processing of the medical information. 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

***Refer to page 2 for report guidelines.**

Any cost to provide this information will be for your patient's account.

PARTICULARS OF LIFE-INSURED

Surname:

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 Initials:

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[illegible][illegible]

MEDICAL CONDITION

Diagnosis and ICD 10 code (compulsory field):

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Date of diagnosis:

D	D	M	M	Y	Y	Y	Y
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Date of onset of symptoms:

D	D	M	M	Y	Y	Y	Y
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Date of first consultation:

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

MEDICAL PRACTITIONER DETAILS

HPCSA reg no:	<input type="text"/>	Practice no:	<input type="text"/>
Initials:	<input type="text"/>	Surname:	<input type="text"/>
Telephone:	<input type="text"/>	<input type="text"/>	
E-mail:	<input type="text"/>		
Signed at	<input type="text"/>	this	<input type="text"/> day of <input type="text"/> 20 <input type="text"/>
Signature of medical doctor:	<input type="text"/>		

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 PPS-accredited 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.

GUIDELINES FOR AND DETAILS REQUIRED IN THE ESSENTIAL 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 and tests performed.
- Treatment:
 - Medication, commencement date, dose, frequency, compliance
 - Surgery/therapeutic procedures performed
 - Anticipated further surgery, treatment or investigation
 - Therapeutic procedures
 - Rehabilitation
 - Hospitalisation
 - Response to treatment
- Permanent complications.
- Has optimal treatment been achieved?
- Prognosis with optimal treatment.
- Current impact of the condition on the claimant's:
 - Lifestyle
 - Activities of daily living
 - Work
- Attach the results of condition-specific confirmatory investigations/tests.

The policyholder and/or the medical practitioner will be notified if additional information is required.