

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 YES, please supply the date of injury/trauma.

Please provide details in this regard (motorcycle accident, rugby injury, hijacking incident, etc.).

PART D: PARTICULARS OF SURGERY, RESPONSE TO TREATMENT AND ANTICIPATED FURTHER TREATMENT

11. Was any **surgery/procedure** performed? YES NO

Date of initial surgery/procedure:

Date of second surgery/procedure:

Describe nature of surgery: e.g., open surgery, laparoscopic.

Provide details of **complication(s)** following surgery which prolonged the illness beyond what can be reasonably expected for a condition of this nature:

- Is additional surgery/procedure(s) anticipated? YES NO

If YES, provide details (i.e. dates, nature of surgery).

12. Details of treatment administered for current sickness claim event including medication, physiotherapy and psychotherapy.

Name of medication/therapy	Dose and frequency of treatment	Date commenced	Date completed

13. Describe your patient's compliance to treatment. If not compliant with treatment, provide comprehensive details when treatment was stopped and/or alternative treatment provided.

14. Provide **details of complications** in addition to the above which prolonged this incapacity beyond what can be reasonably expected for a condition of this nature?

15. Please provide **details of co-morbidities** and indicate how it influenced your patient's recovery, where applicable.

PART E: GENERAL

16. Is it possible that this diagnosis might result in any form of permanent incapacity? YES NO

In the event the diagnosis results in a permanent capacity, describe interventions taken to prevent this:

16.1. Do you expect a further claim for the condition?

17. Are you related to this patient? YES NO

If YES, describe the nature of your relationship with the patient:

PART F: MEDICAL PRACTITIONER'S DETAILS

HPCSA reg no.: Practice no.:

Initials: Surname:

Telephone:

E-mail:

Address:

Postal code:

Signed at this day of 20

Signature of medical attendant

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. You accept responsibility for the legitimacy of the submitted electronic signature. PPS will rely on technical audit trails and platform controls to determine responsibility in the event of a signature dispute.

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.