PPS Critical Illness Product Pregnancy Complications Cover Doctor Claim form

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.

pps FOR PROFESSIONALS SINCE 1941

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). Third parties include legal representatives, regulatory bodies or independent dispute resolution authorities acting under lawful authority.

You hereby consent to the sharing and further processing of the medical information for the specific purpose of claim assessment, dispute resolution and policyholder communication. 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 Part E of this form for the medical report guideline. Any cost to provide this information will be for your patient's account.

PART A: PARTICULARS OF POLICYHOLDER

Member number: ☐☐☐☐☐☐☐☐☐

ID/Passport number (if no ID): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name:

Surname:

PART B: MEDICAL CONDITION

Assessment of the Critical Illness Pregnancy complications cover will be based only on specific criteria for the conditions listed below. Your patient may refer to the PPS Provider™ Policy for the full description of each condition.

Abortion due to amniocentesis	☐	Hyperemesis gravidarum	☐
Amniotic fluid embolism	☐	Pulmonary embolism	☐
Abruption placentae	☐	Severe pre-eclampsia and eclampsia	☐
Ectopic pregnancy	☐	Sheehan's syndrome	☐
Hydatidiform mole	☐	Uterine rupture	☐

PART C: DETAILS OF THE CLAIM

Please note the assessment of this claim may depend on the severity of your patient's condition.

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

Date of first consultation: D D M M Y Y Y Y   ICD-10 code: ☐☐☐☐☐

Please provide the details of any other practitioner(s), specialist(s) or hospital(s)/rehabilitation unit(s)/institution(s) that your patient has been referred to or received treatment from. **Include copies of all available specialist reports.**

Doctor's name	Speciality	Date of referral/treatment commenced

Secondary, contributory or concurrent medical conditions:

Are there further treatment options available for your patient? Please give details:

PART D: MEDICAL PRACTITIONER DETAILS

HPCSA reg no: Practice no:

Surname: Initials:

E-mail:

Tel:

Address:

Postal code:

Signed at this day of 20

Signature of attending practitioner:

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.

PART E: GUIDELINES FOR DETAILS REQUIRED IN THE ESSENTIAL MEDICAL REPORT

The accompanying report should consist of:

- Date of onset and chronological history of the condition. Include complications and/or previous surgeries performed in past pregnancies.
- Pre-disposing risk factors.
- Detailed description of current clinical findings and condition-specific test performed.
- Copies of investigations e.g. imaging results, blood test, CTG, histology report
- Gestational age
- Parity and gravidity
- Estimated delivery date
- Admission into hospital and/or the intensive care unit (ICU). Attach proof of hospitalisation reflecting the admission and discharge dates.
- Treatment:
  - Medication, commencement date, dose, frequency, date stopped,compliance and side-effects
  - Surgery/therapeutic procedures performed
  - Anticipated further surgery, treatment or investigations
  - Response to treatment
  - Blood transfusion
- Permanent complications.
- Prognosis with optimal treatment.
- Current impact of the condition on the patient’s:
  - Lifestyle
  - Activities of daily living
  - Work
- Are there any further interventions possible?
- What is a reasonable period of time to allow improvement or recovery to occur?
- Are any improvements or deteriorations likely to occur in the next 12 months?
- Is the level of impairment in keeping with the condition?