PPS CRITICAL ILLNESS AND PPS EDUCATION COVER™ PRODUCT CLAIM FORM - DOCTOR

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 claims@pps.co.za.

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

PART A: PARTICULARS OF PATIENT

Name:

Surname:

ID/Passport number (if no ID):

PART B: MEDICAL CONDITION

1. Primary diagnosis and ICD 10 code (compulsory field):

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

1.1 Indicate the staging if applicable, e.g., AJCC, relevant haematological cancer staging, etc.

2. Secondary, contributory or concurrent medical conditions and ICD 10 codes:

PART C: MEDICAL REFERRALS

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.**

Name	Speciality	Date of referral/ treatment commenced	Telephone	E-mail

PART D: MEDICAL PRACTITIONER DETAILS

HPCSA reg no: Practice no:

Surname: Initial(s):

Speciality:

E-mail:

Tel:

Address:

Postal code:

Signed at this day of 20

Signature of medical doctor:

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 (1): GUIDELINES FOR 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 condition-specific test performed.
- Treatment:
  - Medication, commencement date, dose, frequency, date stopped, compliance and side-effects
  - Surgery/therapeutic procedures performed
  - Anticipated further surgery, treatment or investigations
  - Rehabilitation (such as occupational therapy, physiotherapy, speech therapy, etc.)
  - Response to treatment
- Permanent complications.
- Prognosis with optimal treatment.
- Current impact of the condition on the patient's:
  - Lifestyle
  - Activities of daily living (ADLs)
  - Work
- Is the patient at maximal medical improvement?
- 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?
- Functional assessment results if available e.g., functional capacity evaluation(FCE), speech therapy reports.
- Copies of investigations e.g., imaging results, blood test, hearing tests.

PART E (2): CONDITION-SPECIFIC TEST RESULTS AND DETAILS REQUIRED

NOTE: A set of specific requirements is listed below alphabetically by body system for ease of reference. Please provide requirements that pertain ONLY to your patient's condition.

CANCER

Comprehensive medical report from the treating specialist, including the following information:

- Details of final staging e.g., (Stage 1 [T1N0M0]) with copies of histology, cytology, bone marrow or blood results.
- Nodal and or distant metastases inclusive of copies of investigations that were undertaken, where applicable.
- For brain tumours: the WHO classification of tumours of the central nervous system.
- Clinical/laboratory findings** which include a molecular-based test that confirms the suitability of immunotherapy treatment, where applicable.
- The name of the targeted therapy being considered as treatment for this cancer.
- What treatments have already been used (if applicable) – please be as specific as possible e.g., types of chemotherapy, number of cycles.

**Prerequisite for members who wish to claim against the Exact Rider benefit (optional rider)

Cardiovascular

1. Acute coronary syndrome

Comprehensive medical report from a physician or cardiologist with the following information:

- Troponin T levels (Trop T).
- Angiogram (if performed).
- ECG.

2. Heart attack

Comprehensive medical report from a physician or cardiologist, **at least 30 days** after the event, with the following information:

- Clinical features at the time of the event.
- Detail of procedures performed at the time of the event and subsequent to the event.
- Copy of ECG results at the time of the event.
- Copy of the most recent cardiac stress ECG and a resting ECG.
- Echocardiographic (ECHO) reports at the time of the event, as well as current, noting current ejection fraction.
- Copy of blood test results and/or angiogram results where applicable.
- Functional capacity measured using the New York Heart Association (NYHA) classification.
- On-going treatment protocol.

3. Cardiac surgery and procedures

- PTCA and/or stenting of at least one vessel.
- Endovascular repair of atrial or ventricular septal defect(s).
- Cardiac arrhythmia having undergone pathway ablation or permanent pacemaker insertion.
- Pericardiectomy.
- Heart valve repair or valvotomy.
- Surgical repair of an atrial myxoma.
- Coronary artery bypass grafting.
- Heart valve replacement.
- Surgical repair of left ventricular aneurysm.
- Aortic and peripheral artery surgery.

Comprehensive operation report from the cardiothoracic surgeon or cardiologist, including history of the condition and procedure(s) undertaken and further management.

4. Cardiomyopathy and heart failure

Comprehensive medical report from the treating cardiologist, including:

- Latest echocardiogram report and ejection fraction or METS findings (two readings at least three months apart). Readings to be taken at least six months after treatment started.
- Copy of blood tests performed, which must include NT-ProBNP with measurements done after six months of optimal treatment.
- Treatment and response to treatment, at least six months following commencement of treatment.

Connective tissue disease and autoimmune diseases

1. Rheumatoid arthritis

Comprehensive medical report from the consultant rheumatologist detailing:

- The history of the condition.
- Procedure(s) undertaken where applicable.
- Management to date.
- Full details of treatment/management protocols which have been implemented, which have not succeeded in reducing the activity of the disease.
- HAQ score.
- Copies of investigations confirming diagnosis.
- **Clinical and laboratory findings used to fulfil diagnostic criteria as per the American College of Rheumatology.**
- Details of joints affected, including the severity of symptoms and signs.

2. **Systematic lupus erythematosus**
3. **Progressive systemic sclerosis**
4. **Sarcoidosis**
5. **Polyarteritis nodosa**
6. **Giant cell arteritis**
7. **Wegener's granulomatosis**
8. **Dermatomyositis**
9. **Polymyositis**

Comprehensive medical report from a treating rheumatologist, indicating:

- Degree and nature of system/organ involvement.
- Functioning of each of the affected organs with copies of relevant investigations undertaken in this regard.
- Copies of the biopsy report and copies of all other investigations performed.
- Treatment prescribed.
- Response to treatment.
- **Clinical and laboratory findings used to fulfil diagnostic criteria as per the American College of Rheumatology.**

Endocrine

1. **Thyroid storm**
2. **Diabetes insipidus**
3. **Acute adrenal crisis (excluding adrenal fatigue)**
4. **Addison's disease**
5. **Simmond's disease**
6. **Conn's syndrome**
7. **Cushing's syndrome**
8. **Glycogen storage disease**

Comprehensive medical report from endocrinologist supported by appropriate investigations.

Gastrointestinal

1. **Ulcerative colitis**
2. **Crohn's disease**
3. **Permanent ileostomy/colostomy**
4. **Hemicolectomy**
5. **Total colectomy**
6. **Chronic liver disease (Child-Pugh classification performed)**
7. **Primary sclerosing cholangitis or ciliary cirrhosis**
8. **Fulminant hepatic failure**
9. **Chronic pancreatitis**
10. **Partial/complete pancreatectomy due to illness or injury**

Comprehensive medical report from the gastroenterologist detailing:

- The history of the condition, nature and severity of the symptoms experienced, where applicable.
- Procedure(s) undertaken where applicable.
- Copies of investigations performed.
- Treatment and treatment response.
- Prognosis.
- Predisposing or contributory factors.

Haematological

1. **Aplastic anaemia**

Comprehensive medical report from the treating specialist physician, including copies of bone marrow biopsy indicating: neutrophil, reticulocyte and platelet count.

ICU benefit

Comprehensive medical report from treating doctor detailing:

- Reason for and duration of admission to ICU.
- Please specify the type of mechanical ventilation.
- Detailing the need for mechanical ventilation and the duration thereof.

NOTE: Hospital confirmation detailing the date of admission to the ICU and the date of discharge is required.

Kidney and urological

1. **Chronic progressive renal failure**
2. **Acute renal failure**
3. **Total nephrectomy**
4. **Bilateral orchidectomy**
5. **Cystectomy**

Comprehensive report from the medical attendant detailing:

- The history of the condition.
- Treatment undertaken to date.
- Copies of the most recent investigations done, where applicable.
- Procedures undertaken where applicable.
- For chronic renal failure, at least two eGFR measurements more than six months apart must be performed.

Musculoskeletal

1. Loss of or loss of use of hands, feet and/or limbs

Comprehensive medical report from the treating medical specialist. Please provide enough information to enable the assessment of whole person impairment, such as:

- The history of the condition, the nature of the loss of function, as well as details of any procedure(s) undertaken.
- Has maximal medical improvement been reached? If not, what can still be done?
- Specify the diagnosis and level of the condition/injury, e.g., sprain, fracture of which part of the bone, which ligament is injured.
- Physical examination should include the following information:
  - The presence of deformities, e.g., fixed flexion, level of amputation and measurement of the fixed deformities
  - Scarring
  - Oedema
  - Skin, hair, nail changes
  - Redness
- Muscle wasting/atrophy (measure and compare to opposite side).
- Any splints or hardware present.
- Range of motion (active and passive) at the joint as measured with a goniometer (if applicable).
- Power at each joint.
- Describe any instability present?
- What are the neurological findings, e.g., sensory/motor deficits, reflexes?
- **Pain assessment,** such as:
  - Location of the pain (if applicable)
  - When does pain occur?
  - Treatment needed and side effects of the medication
  - Does it interfere with ADLs
- **Investigations,** such as:
  - Imaging
  - Electromyography (EMG)
  - Nerve conduction tests
  - Biopsy results, etc.
- **Functionality,** such as:
  - How does the person perform ADLs, e.g., washing, toileting, grooming, driving?
  - What level of assistance is required?
  - Are assistive devices needed (walking distance, etc.)?
- Functional assessment tools, e.g., QuickDASH.
- Radiology findings.

2. Spine and pelvis

- Diagnosis, which part(s) and levels of the spine are affected, e.g., annular tears, facet arthropathy or disc degeneration.
- Physical examination:
  - Deformities
- Muscle wasting/atrophy (measure and compare to opposite side).
- Any splints or hardware present.
- Range of motion (active and passive) at the joint.
- Power at each joint.
- Instability present.
- **Pain assessment,** e.g., when does pain occur, what treatment is needed and side effects of the medication.
- Neurological findings such as sensory/motor deficits, reflexes in limbs and sensation, along dermatomes; neural tension signs and tests, compression/foraminal compression signs.
- **Investigations,** such as:
  - Imaging, including evidence of alteration of motion segment integrity (AOMSI)
  - EMG
  - Nerve conduction tests
  - Biopsy results, etc.
- **Functionality,** such as:
  - How does the person perform ADLs, e.g., washing, toileting, grooming, driving?
  - What level of assistance is required?
  - Are assistive devices needed?
- Functional assessment tools, e.g., pain disability questionnaire.
- Radiology findings.

Neurological

1. **Stroke**
2. **Multiple sclerosis**
3. **Muscular dystrophy**
4. **Motor neuron disease**
5. **Parkinson's disease**
6. **Myasthenia gravis**
7. **Intracranial or spinal cord lesion requiring surgery**
8. **Paralysis (permanent quadriplegia, paraplegia, hemiplegia or diplegia as a result of injury to or disease of the spinal cord)**

Comprehensive medical report from a physician or neurologist detailing the history of the condition, procedure(s) undertaken, test results and further management considered, as well as details on current physical and neurological impairments affecting the following (at least **three months after** the event/diagnosis):

- Upper extremities.
- Lower extremities.
- Visual.
- Communication.
- Cognition.
- Other (irreversible incontinence, neurogenic systemic impairments).

9. Central and peripheral nervous system***

- Ability to perform basic and advanced ADLs.

Basic ADLs	**Advanced ADLs**
Toileting, bowel and bladder care	Drive a car
Grooming	Sexual function
Feeding	Medical care, e.g., prepare and take medication
Transfer from chair to bed	Communicative activities, e.g., use a telephone, write letters, write e-mails/texts
Indoor mobility	Travel as a passenger in a car, bus or train
Dressing	Shopping, e.g., lifting and carrying of groceries
Use of stairs	Food preparation
Bathing	House work
	Community ambulation with or without an assistive device but not requiring a mobility device
	Moderative activities, e.g., pushing a vacuum cleaner, golf, moving a table
	Vigorous activities, e.g., running, heavy lifting

- Neuropsychological (neurocognitive) assessment.
- What is the state of consciousness, level of awareness and is this permanent or episodic (important in cases such as epilepsy, narcolepsy, persistent coma)?
- Mental status evaluation and integrative functioning.
- Presence and level of neurological respiratory impairment.
- Peripheral nervous system examination.
- Pain assessment including:
  - Headaches, e.g., location of the pain (if applicable)
  - When does pain occur?
  - Frequency of the pain
  - What treatment is needed, side effects of the medication?
  - Does it interfere with ADLs?
- Clinical studies, such as:
  - Lumbar puncture results
  - Electroencephalographic (EEG) results
  - Evoked potentials
  - Carotid Doppler examination
  - Computed tomographic (CT) scans
  - Magnetic resonance imaging (MRI) scans
  - Angiography results
  - Positron emission tomographic (PET) scans
  - Single-photon emission computed tomographic (SPECT) scan
  - Nerve conduction and needle EMG studies
  - Autonomic functional assessment

***Prerequisite for members who wish to claim against the CatchAll Cover (optional rider).

10. Dementia or Alzheimer's disease

Comprehensive report from a consultant neurologist detailing the history and diagnosis of the condition, with copies of investigations done where applicable, including but not limited to:

- Mini-Mental State Examination (MMSE), at least two examinations done at least six months apart.
- Details of the level of self-care and/or the level of supervision needed by the patient.
- Copies of all investigations performed.
- Neurocognitive assessment report, if performed.

11. Guillain-Barré syndrome

Comprehensive medical report from treating medical attendant detailing:

- The history of the condition.
- Need for mechanical ventilation.
- Procedure(s), test undertaken and the outcome thereof.
- Further management considered.
- Physical and neurological impairments requiring full-time care for basic ADLs or requiring a wheeled mobility device.
- Occupational therapist or physiotherapist report, if available.

Respiratory

1. Obstructive or restrictive lung disease
2. Pulmonary embolism
3. Pulmonary hypertension****
4. Bronchopleural fistula
5. Respiratory surgery (removal of a lobe of lung not for donor purposes), removal of more than one complete lobe or removal of an entire lung

Comprehensive report from appropriate specialist (i.e., physician, pulmonologist or cardiologist, etc.), inclusive of:

- The history, nature and cause of the condition, e.g., obstruction, stenosis.
- Procedure(s) undertaken where applicable.
- Management up to date.
- Response to management.
- Copies of all tests performed, i.e., pulmonary functioning test (lung function test) and FEV1 test results.
- For obstructive or restrictive lung disease, please supply two pulmonary function tests done at least six months apart with pre- and post-bronchodilator results.
- Number of hours on oxygen treatment, where applicable.

********For pulmonary hypertension, please include an echocardiogram.

Sensory

1. Loss of hearing/cochlear implant

Comprehensive report from ENT specialist and audiologist indicating the reason for loss of hearing:

- Audiology report indicating auditory threshold with a hearing aid device or implant that could result in the partial or total restoration of hearing.
- Pure tone audiometry test at 500, 1 000, 2 000 and 3 000Hz***.

2. Loss of vision; irreversible homonymous hemianopia

Comprehensive medical report from the ophthalmologist detailing:

- The history of the condition.
- Procedure(s) undertaken where applicable.
- Management up to date.
- Response to management.
- Test results, including best corrected visual acuity and visual fields, where applicable.
- Visual acuity in each eye and binocular visual acuity preferably in US (20m), 1m, 6m. If using the decimal or LogMAR, please indicate which notation is being used***.
- Visual field information – for each eye and binocular field***.
- When Goldmann equipment used, the III-4-3 isopter should be used***.
- Where Humphrey equipment is used, please supply a full field plot (60-2 or the equivalent)***.

***Prerequisite for members who wish to claim against the CatchAll Cover (optional rider).

Transplant

Heart, lung, kidney, liver, small bowel, pancreas, bone marrow, as recipient

Comprehensive medical report from treating medical attendant detailing the history of the condition, procedure(s) undertaken and organ transplant waiting list details.

Trauma

1. Coma

Comprehensive medical report from treating doctor, including reason for and duration of coma, and current physical and neurological impairment.

2. Traumatic injury resulting in permanent impairment

Comprehensive medical report from treating medical attendant detailing the nature of the injury, procedure(s) undertaken and further management considered, as well as details on current physical and neurological impairments affecting the following:

- Use of the upper limb(s).
- Use of lower limb(s).
- Visual.
- Communication.
- Cognition.
- Other (irreversible incontinence, neurogenic systemic impairments).
- Please provide enough information to enable the assessment of whole person impairment.

3. Penetrating gunshot wounds (head, neck, chest, abdomen or pelvic area)

Comprehensive medical report from treating doctor, including area of body involved and procedures carried out.

4. Burns

Comprehensive medical report from treating doctor indicating the degree of burn wounds and body surface area affected as a percentage.

5. Accidental contraction of human immunodeficiency virus (HIV)

- HIV antibody test, taken within 72 hours of the incident leading to HIV exposure, to confirm prior HIV negative status.
- Proof of a full course of post-exposure prophylactic treatment taken for a period of 28 consecutive days to the satisfaction of PPS Insurance in the form of copies of scripts filled at the pharmacy.
- Blood test results indicating seroconversion performed by an ASISA-accredited laboratory.

6. Acquired immune deficiency syndrome (AIDS)

- Positive HIV blood test.
- CD4 cell count of less than 200 after being compliant on anti-retroviral treatment for a minimum of six months.
- Diagnosis of WHO AIDS defining illness after being on anti-retroviral treatment for a minimum of six months.