

**ACCELERATED BUSINESS CRITICAL ILLNESS COVER
 BUSINESS HEALTH PROVIDER BENEFIT (ACCELERATED AND STANDALONE)
 ACCELERATED CATCHALL COVER - DOCTOR**



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Dear Doctor,

We appreciate your time and cooperation to assist us in considering a claim for your patient.

The following is important:

- PPS has a signed consent from your patient to obtain confidential medical information from you.
- In addition to this form, PPS will require a **comprehensive medical *report**.
- Any cost to provide this information will be for your patient’s account.
- Please send the completed form and supporting documents to:
 - Fax: 011 644 4520 or
 - Email: claims@pps.co.za

**Report guidelines provided from page 2 of this document.*

PARTICULARS OF LIFE INSURED

Surname: Initials:

National ID number :

MEDICAL CONDITION

Primary Diagnosis:	Date first diagnosed:	ICD 10 code:
Secondary Diagnosis:	Date first diagnosed:	ICD 10 code:

MEDICAL REFERRALS

Please provide the details of any other practitioners, specialists or hospitals/rehabilitation units/ institutions that the claimant has been referred to or received treatment from. **Include copies of all available specialist reports.**

Name	Contact details	Date of referral/treatment date

MEDICAL PRACTITIONER'S DETAILS

HPCSA Reg No:

Practice No:

Surname:

Initials:

Telephone No:

Fax No:

Email Address:

Signed at: this day of 20

Signature of medical doctor:

PROCEDURE FOR CLAIMING

CLAIM REQUIREMENTS

To process claims promptly, we require the following information:

Claim forms:

- PPS Business Critical Illness/ Professional Health Provider -Member Claim Form
- PPS Business Critical Illness/Professional Health Provider- Doctor Claim Form

Medical report:

- Comprehensive medical report from a treating Medical Specialist, including copies of investigative results used to confirm the diagnosis.
- The cost of this report will be for the Life Insured's account.

REPORT SPECIFICATIONS

Cardiovascular

1. Heart Attack:

Comprehensive medical report **from Cardiologist at least 30 days** after the event with the following information:

- Clinical features at time of event
- Detail of procedures performed
- Copy of most recent cardiac stress ECG as well as a resting ECG
- Echocardiographic report indicating current ejection fraction and
- Functional capacity measured using the New York Heart Association (NYHA) classification
- On-going treatment protocol
- Blood test results for cardiac markers

2. Cardiac Surgery and procedures

Comprehensive operation report from the **Cardio-thoracic surgeon** including history of the condition and **procedure** undertaken and further management.

3. Cardiomyopathy:

Comprehensive medical report from the treating **Cardiologist** including current echocardiogram report and ejection fraction or METS findings.

Functional capacity measured using the New York Heart Association (NYHA) classification of cardiac impairment.

Cancer

Comprehensive medical report from treating **Specialist** including the following information:

- Details of Staging with copies of histology results
- Nodal and or distant metastases inclusive of copies of investigations that were undertaken where applicable

Neurological

1. Stroke
2. Multiple Sclerosis
3. Muscular Dystrophy
4. Parkinson's disease,
5. Myasthenia Gravis
6. Brain Tumour causing symptoms or
7. Intracranial Lesion requiring surgery (neoplasm or injury)

Comprehensive medical report from treating medical attendant detailing the history of the condition, procedure/s undertaken and further management considered as well as detail 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)

NOTE:

For the diagnosis of a **STROKE** the aforementioned report is required at **least 3 months after the event**.

8. Motor Neuron disease:

Comprehensive report from a consultant neurologist detailing the history of the condition and unequivocally proving the diagnosis with copies of investigations done where applicable.

9. 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. Include findings of cognitive impairment.

10. Guillain-Barre 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 activities of daily living or requiring a wheeled mobility device

Transplants:

Heart

Lung

Kidney

Liver

Small Bowel

Bone Marrow as a recipient

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

Musculo-skeletal:

Paralysis (Quadriplegia/Paraplegia); Loss of use of limbs; Amputation:

Comprehensive medical report from treating medical attendant detailing the history of the condition, the nature of the loss of function as well as details of any procedure/s undertaken.

Kidney and urological:

Comprehensive report from the medical attendant detailing:

- The history of the condition
- Treatment undertaken to date
- Response to treatment
- Copies of most recent investigations done where applicable
- Procedures undertaken where applicable

Connective tissue:

1. Active, unresponsive 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 activity of the disease.
- HAQ score
- Copies of investigations confirming diagnosis

Details of joints affected including the severity of symptoms and signs

2. Systemic Lupus Erythematosus with Nephritis; Scleroderma; Wegener's granulomatosis

Comprehensive medical report from a treating **Rheumatologist or Physician**, 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 biopsy report and copies of all other investigations performed
- Treatment prescribed
- Response to treatment

GENERAL:

Additional information (at PPS' cost) may be requested from either the policyholder or any Medical Practitioner to finalise the claim. The policyholder and /or the Medical Practitioner will be notified if additional information is required.

To ensure comprehensive assessment of the claim, it may be referred to internal and/or external Medical Specialists. This referral may take up to 7 working days. You will be notified regularly regarding the progress of the assessment of your claim. Any delays, exceeding the 7 working days, will be communicated.

PPS Claims Contact details: Claims department:

Email: claims@pps.co.za

Fax: 011 644 4520

Claims / General Queries:

Email: memberservices@pps.co.za

Telephone: 011 644 4320