

BUSINESS TERMINAL ILLNESS BENEFIT - DECLARATION BY 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 signed consent from your patient to obtain confidential medical information from you.
- **Please send the completed form and supporting documents to:**
 - Fax: 011 644 4520 or
 - Email: claims@pps.co.za

PARTICULARS OF LIFE INSURED

Surname:

Initials:

National ID number:

MEDICAL ILLNESS

1. Primary diagnosis: ICD10 code:

2. Secondary diagnosis (if applicable): ICD10 code:

3. Provide **date of initial consultation** and brief details of the **chronological history** of the illness, or sequence of events:

4. List the investigations that were performed to confirm the diagnosis and attach copies of all the test results:

Date	Details

5. Is there further treatment available for this illness? Please give details:

6. What is your patient's life expectancy (in months), based on your medical findings

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: