CLAIM FOR SICKNESS BENEFIT – DECLARATION BY DOCTOR

FOR CLAIM RELATED TO COVID-19 (CORONAVIRUS) INFECTION

Note: This form should only be completed by the Medical Doctor who attended to the claimant in the period claimed for.

IMPORTANT

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 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 (POPIA), 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 POPIA.

By providing the medical information, you hereby consent to the sharing and further processing thereof. 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

COVID-19-related sick leave claim requirements		
Topic		**Requirements and notes**
A	**All types of COVID-19 claims**	• Copy of COVID-19 test result • Declaration by Member form • Declaration by Doctor form PPS Insurance aims to pay all valid claims timeously. Accurately completed forms facilitate the assessment process and allows for a correct assessment.
B	**Claim duration**	
1	**Ten days or less**	As noted in **A** above Most people who contract COVID-19 are asymptomatic or have mild symptoms that will not prevent them from working remotely. This is especially evident once vaccinated. Some people, however, will suffer moderate to severe symptoms that prevent them from performing some or all of their usual professional duties. People who contract COVID-19 generally recover sufficiently to resume work duties within ten days.
2	**Exceeding ten days**	• **In addition to A above, a medical report** that includes copies of all relevant medical, blood and special investigations undertaken. • Any other relevant documentation **to justify the need for extended recovery.** Refer to the **attached addendum for a set of specific requirements** to substantiate **extended claims.**
C	**COVID-19 Complications**	• A **detailed breakdown of the complications and a medical report** that include copies of all relevant medical, blood and special investigations undertaken. • Any other relevant documentation **to confirm the complications and substantiate the need for extended recovery.** Refer to the attached **addendum for a set of specific requirements** to substantiate **extended claims.**
D	**Long COVID-19**	• Beyond the initial period of infection, claims should be submitted to PPS monthly. • Claim forms should be signed and submitted after the period claimed for, as claims cannot be assessed prospectively.

PART A: PARTICULARS OF PATIENT

Member number:

Surname: Initials:

National ID number: Cellular:

Medical aid name: Medical aid number:

E-mail address :

PART B: PARTICULARS OF CLAIM

First consultation date: / /

Follow-up consultation dates:

Primary diagnosis:	Date made:	ICD 10 code:
Secondary diagnosis:	Date made:	ICD 10 code:

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 or rehabilitation:**

Symptom description, start and end date E.g., fatigue and brain fog 15/08/2021 to 30/08/2021	**Details of treatment/ rehabilitation** E.g., occupational therapist for paced return to work	**Treatment commencement and end date** E.g., 16/08/2021 to 30/08/2021	**Details of treating practitioner** (name and contact number) E.g., Ms. X
dd/mm/ccyy to dd/mm/ccyy	dd/mm/ccyy to dd/mm/ccyy	dd/mm/ccyy to dd/mm/ccyy	
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Did the patient require admission to hospital? YES ☐ NO ☐

Name of hospital:

Date of admission: ☐☐ / ☐☐ / ☐☐☐☐

Date of discharge: ☐☐ / ☐☐ / ☐☐☐☐

Admission to intensive care unit (ICU): YES ☐ NO ☐ ☐☐ / ☐☐ / ☐☐☐☐

Admission to high care unit: YES ☐ NO ☐ ☐☐ / ☐☐ / ☐☐☐☐

Is the patient compliant with the treatment prescribed? YES ☐ NO ☐

If not, provide comprehensive details when treatment was stopped and/or alternative treatment provided:

Provide **details of complication(s)** in addition to the above which prolonged this incapacity beyond what can be reasonably expected for a condition of this nature.

Please provide details of **comorbidities and indicate how it influenced your patient's recovery, where applicable.**

Testing for COVID-19:

Was the patient tested for COVID-19? YES ☐ NO ☐

If the primary or secondary condition noted above is COVID-19 but tests were negative, kindly clarify.

Kindly attach copies of all test results (if available).

Date of sample collection	Type of test e.g., PCR, antibody test, rapid antigen test	Result	Result date

Recommended sick leave periods:

TOTAL sick leave: The patient was unable to perform **ANY** professional duties

From: ☐☐ / ☐☐ / ☐☐☐☐ To: ☐☐ / ☐☐ / ☐☐☐☐

NOTE: To qualify for the Total benefit, your patient should not be able to perform any of the occupational duties normally associated with their above occupation, remotely or at place of work.

PARTIAL sick leave: The patient was able to perform **some** of their professional duties

From: ☐☐ / ☐☐ / ☐☐☐☐ To: ☐☐ / ☐☐ / ☐☐☐☐

NOTE: To qualify for the Partial benefit, your patient is able to carry out some of their normal occupational duties as above, or work reduced working hours compared to normal working hours, but not all, remotely or at place of work. PPS Claims will also assess this in line with the occupation and profession.

When did your patient resume their usual professional duties on a:

Partial basis: ☐☐ / ☐☐ / ☐☐☐☐ **Full-time:** ☐☐ / ☐☐ / ☐☐☐☐

If your patient has not **returned to work,** please indicate the expected return to work date:

Part time: ☐☐ / ☐☐ / ☐☐☐☐ **Full-time:** ☐☐ / ☐☐ / ☐☐☐☐

PART C: MEDICAL PRACTITIONER'S DETAILS

HPCSA reg no: Practice no:

Surname: Initials:

Telephone:

E-mail:

Address:

Signed at this day of 20

Signature of medical doctor:

ADDENDUM TO DECLARATION BY DOCTOR FORM – ONGOING CLAIM RELATED TO COVID-19 (CORONAVIRUS) INFECTION

To effectively manage your patient's long COVID-19 claim, you may have performed any one or a combination of the tests/ evaluations listed below. The test results will assist PPS in performing a holistic assessment of your patient's condition and the affect thereof on their ability to work. Any costs incurred in obtaining the supporting document(s) will be for the life insured's account.

Please attach a copy of all the test results, where applicable.

Note: PPS obtained prior written consent from the life insured in terms whereof additional information pertaining to the claim may be provided. All medical information will be treated according to the ASISA guidelines on Confidentiality of Medical Information.

REQUIREMENTS TO HOLISTICALLY ASSESS LONG COVID-19 CLAIMS

COMPLICATION	TEST/INVESTIGATION
Fatigue, brain fog, PTSD, anxiety, depression	• Blood tests FBC, U&E, Vitamin B 12, Thyroid, ESR, CRP, D-Dimer, IL-6 etc. • Imaging e.g. MRI brain, CT scan • Functional assessment/report from rehabilitation health care provider • Cognitive screening • Mini Mental Status Examination (MMSE) • Montreal Cognitive Assessment (MoCA) • Beck depression inventory • Exercise tolerance test
Heart failure Arrhythmia Acute coronary syndrome including myocardial infarction Myocarditis Pericarditis	• Blood tests: Pro BNP, cardiac enzymes, FBC, ESR • METS • Six minute walk test • ECG- stress or resting • Echocardiogram • Imaging e.g. MRI, biopsy or angiogram • Nuclear medicine scan
Guillain-Barre Transverse myelitis Stroke Peripheral nerve damage Hypoxic brain damage	• Blood tests: U&E, LFT, ESR, Creatinine phosphokinase levels • Lumbar-puncture results • Nerve conduction studies • Imaging e.g. MRI, CT scan • EMG • Functional assessment
Acute renal injury Chronic renal failure Chronic kidney dysfunction Post COVID-19 renal/urinary system	• Blood tests: U&E, eGFR, Hb • Urine protein levels (24-hr. creatinine, protein Creatinine ratios) • Renal imaging e.g. ultrasound, kidney biopsy (where applicable)
Diabetes mellitus	• Blood tests: HbA1C, U&E, cholesterol
Liver abnormalities	• Blood tests: LFT should include: GGT, Bilirubin, Albumin and U&E • Ascitic fluid analysis • Liver biopsy • Imaging studies • Child-Pugh assessment score
Pulmonary fibrosis Pulmonary embolism Interstitial lung disease Acute respiratory distress syndrome (ARDS) Microvascular COVID-19 lung vessels Obstructive thrombo-inflammatory syndrome	• Blood tests: Arterial blood gases Oxygen saturation levels on discharge • CT scan • Copy of report if a lung biopsy was done • Latest pulmonary function test (PFT) • Chest x-ray • Cardiac assessment • Functional assessment/report from rehabilitation health care provider