PPS OCCUPATIONAL OR FUNCTIONAL DISABILITY OR SEVERE ILLNESS CLAIM FORM - TREATING SPECIALIST

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 (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.

PPS Occupational and Functional Disability claims: Please send the fully completed form and supporting documentation to **PIclaims@pps.co.za.**

PPS Severe Illness claims: Please send the fully completed form and supporting documentation to **claims@pps.co.za.**

**Refer to page 3 and 4 for report guidelines*
Any costs to provide this information will be for your patient's account.

PART A: MEMBER DETAILS

Surname:

First name:

ID/Passport number (if no ID):

Occupation before disability:

PART B: MEDICAL CONDITION

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

PART C: MEDICAL REFERRALS

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

Name	Speciality	Contact details	Date of referral/treatment commenced

PART D: MEDICAL PRACTITIONER'S DETAILS

HPCSA reg no: Practice no:

Specialty:

Initials: Surname:

Telephone:

E-mail:

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 AND 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. Condition specific test results and details required is provided below in PART E (2).
- Treatment:
  - Medication, commencement date, dose, frequency, compliance.
  - Surgery/therapeutic procedures performed.
  - Anticipated further surgery, treatment or investigations.
  - Rehabilitation (e.g., occupational therapy, physiotherapy, speech therapy).
  - Response to treatment/rehabilitation.

- Complications that are permanent.
- Has optimal treatment been achieved?
- Prognosis with optimal treatment.
- Current impact of the condition on the claimant's:
  - Lifestyle
  - Activities of daily living
  - Work

The policyholder and/or medical practitioner will be notified if additional information is required.

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

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.
- ECOG performance status at least six months after diagnosis.

Cardiovascular:

Comprehensive medical report from a cardiologist, at least six months after diagnosis and commencement of treatment with the following information:

- Clinical features at the time of event.
- Details of procedures performed.
- NT ProBNP results.
- Copy of the most recent cardiac stress ECG (unless contraindicated) as well as a resting ECG.
- Echocardiographic report indicating current ejection fraction.
- Functional capacity measured using the New York Heart Association (NYHA) classification.
- Six-minute walk test score which indicates distance covered in meters and heart rate after completion. The test should be performed with heart rate monitoring with an appropriate peak heart rate response of >100bpm attained for the test.
- On-going treatment protocol.

Neurological:

- Comprehensive medical report from treating specialist (neurologist and/or neurosurgeon) 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)
- Two mini-mental state examination reports at least six months apart.
- Proof of 30-days continuous hospitalisation or rehabilitation centre admission.

Mental health:

Comprehensive medical report from the treating psychiatrist detailing:

- The diagnosis of psychiatric disorder, including classification according to the DSM – V (or latest version).
- Compliance with prescribed treatment including drug levels of medication and any changes in medication including the dosage and duration that the medication was taken.
- Was ECT used or considered if medication administered failed?
- Is the patient capable of performing higher executive functions or do they require curatorship?
- Is the patient institutionalised?

Liver disease:

Comprehensive medical report from specialist physician or gastroenterologist detailing the history of the condition, nature and severity of the symptoms experienced inclusive of the following:

- Blood tests assessing degree of liver damage.
- Results of two Child-Pugh assessments more than six months apart, including investigations done.
- Proof of listing on a recognised South African or international transplant list, where applicable.
- Predisposing or contributory factors where applicable.

Musculoskeletal:

Diseases affecting the functioning of limbs, spine, muscles and joints, including spinal surgery, joint replacements, amputations and burns.

Comprehensive medical report from treating medical specialist detailing the history of the condition, the nature of the loss of function as well as details of:

- Copies of reports confirming the life-insured's loss of use of a limb, both limbs or thumb(s), including radiographic and electro conduction study results, where appropriate.
- Details of procedures done.
- Grading of power and range of movement.
- Classification of burn depth and percentage of body surface area.

Renal and urogenital:

Comprehensive medical report from the treating specialist/physician or nephrologist detailing:

- The history of the condition.
- Treatment undertaken and response.
- Two or more eGFR measurements performed more than six months apart.
- Copies of the most recent investigations done where applicable including kidney biopsy results.
- Procedures undertaken where applicable.

Respiratory:

Comprehensive medical report from treating specialist/pulmonologist inclusive of:

- The history of the condition.
- Nature and severity of the symptoms experienced.
- Procedure(s) undertaken where applicable.
- Management up to date and response.
- Exercise capacity (six-minute walk distance): The six-minute walk distance must be performed with heart rate monitoring, with an appropriate peak heart rate response of >100bpm attained for the test. **This test is not required for claimants using home oxygen.**
- At least two pulmonary (lung) function tests, including: single breath diffusion test (DICO) and FEV1 test results, done six months apart. Must be performed by a specialist physician or pulmonologist; must meet ATS criteria and must include pre- and post-bronchodilator measurements.

Gastrointestinal:

Comprehensive medical report from specialist gastroenterologist detailing:

- The history of the condition.
- Nature and severity of symptoms experienced.
- Procedure(s) undertaken where applicable.
- Predisposing or contributory factors.
- Copies of investigations performed including:
  - Two body mass index (BMI) values measured for a period of **at least six months** with the last measurement being **six months after** the diagnosis of the disorder.

Hearing disorder:

Comprehensive medical report from ear, nose and throat (ENT) specialist, detailing:

- History of the loss of hearing.
- Procedures undertaken.
- Diagnostic audiology report at initial diagnosis and **at least six months** after diagnosis; indicating auditory threshold **with hearing aid, device or implant** that could result in the partial or total restoration of hearing.

Visual:

Comprehensive medical report from the specialist ophthalmologist detailing:

- The history of the condition.
- Procedures undertaken where applicable.
- Management to date.
- Response to management.
- At least two visual assessments, performed **six months apart**. Test results including best corrected visual acuity (Snellen score) and visual fields, where applicable.