## CLAIM FOR SICKNESS BENEFIT (DECLARATION BY MEDICAL DOCTOR/DENTIST) NAMIBIA



The Professional Provident Society Insurance Company (Namibia) Limited Reg. No 2003/122 is a registered long-term insurance provider regulated by the Namibia Financial Institutions Supervisory Authority. Any reference to PPS Namibia in this form means PPS Insurance Company (Namibia) Limited.

Dear Doctor,

We appreciate your time and cooperation in assisting PPS Namibia 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 Namibia obtained prior written consent from the life-insured in terms of which medical information pertaining to the claim may be provided. PPS Namibia 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 Namibia may be legally obliged to share the medical information with a third party.

By providing the medical information, you hereby consent to the sharing and further processing thereof. PPS Namibia 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 Namibia Claims at namibiaclaims@pps.co.za.

PART A: PARTICULARS OF PATIENT													
Surname:									Initials:				
Date of birth:	Y Y Occup	ation prior to	the sid	cknes	SS:								
PART B: CLAIM DETAILS													
In your professional opinion/based on clinical Recommended sick leave periods  1. TOTAL BENEFITS: The patient was unable	<b>Q</b> .			·		eir du	ıties	parti	ally or to	otally	?		
Start date:	End	date:	D	M	M	Y	Y	Y					
<b>NOTE</b> To qualify for <u>total benefits</u> , your patien associated with their above occupation, wheth administrative tasks such as dealing with quer	ner physical or m			_							ting c	or	
2. <b>PARTIAL BENEFITS:</b> The patient was able <b>Start date:</b>	<u> </u>	ME profession	onal du	ities	from:	YY	′ Y	Y					
<b>NOTE</b> To qualify for <u>partial benefits</u> , your patireduced working hours compared to normal occupation and profession.													
3. When did your patient resume their usual	professional dut	ies on a full	-time k	oasis'	?	D	D		M	Y	Y	Υ	Y
4. If your patient has not returned to work, present time:	please indicate the Part time:	ne expected	return M M	ı-to-v	work da	ate:	Υ						
PART C: PARTICULARS OF DIAGNOSIS, CON	ISULTATIONS (PI	ease attach	copies	of all	releva	nt inve	estiga	ation:	s in supp	ort o	f the	claim.	)
Primary diagnosis:	Initial date mad	e:				ICD	10 cc	ode:					
Secondary diagnosis:	Initial date mad	e:				ICD	10 cc	ode:					

5.	Did the condition have: An acute onset? Slowly progressive onset?
6.	Provide date of <b>initial consultation</b> with yourself and brief details of the <b>chronological history</b> of the condition or sequence of events, prior to the initial consultation.
7.	Provide 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 and rehabilitation.
7.1.	Please provide details of the referring doctor:
8.	Which <b>side of the body</b> is affected? Left: Right: Both: Not applicable:
9.	If affected, is it a dominant limb? YES NO NO
10.	Is this claim due to an injury/traumatic event? YES NO
If Y	ES, please supply the date of injury/trauma.
Ple	ase provide details in this regard (motorcycle accident, rugby injury, hijacking incident, etc.).
PA	RT D: PARTICULARS OF SURGERY, RESPONSE TO TREATMENT AND ANTICIPATED FURTHER TREATMENT
11.	Was any <b>surgery/procedure</b> performed? YES NO
Dat	e of initial surgery/procedure:
Dat	e of second surgery/procedure:
Des	scribe nature of surgery: e.g., open surgery, laparoscopic.
	vide details of <b>complication(s)</b> following surgery which prolonged the illness beyond what can be reasonably expected for a addition of this nature:
ls a	dditional surgery/procedure(s) anticipated? YES NO
If Y	ES, provide details (i.e., dates, nature of surgery).

Describe your patients compliance to treatment if not compliant to treatment, provide comprehensive details when treat was stopped and/or alternative treatment provided.  Provide details of complications 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 co-morbidities and indicate how it influenced your patient's recovery, where applicable.  ART E: GENERAL  Is it possible that this diagnosis might result in any form of permanent incapacity?  YES NO  The event the diagnosis results in a permanent capacity, describe interventions taken to prevent this:  NO  Are you related to this patient?  YES NO  Are you related to this patient?  YES NO  NO  NO  NO  NO  NO  NO  NO  NO  NO		Dose and frequency of treatment	Date commenced	Date completed
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PART F: M	EDICAL F	PRACT	TITIC	DNE	R'S I	DET.	AILS	;																
HPCNA reg	no.:											F	Pract	ice n	0.:									
Initials:			Su	rnam	ne:																			
Telephone:																								
E-mail:																								
Address:																								
																			P	osta	l cod	de:		
Signed at										1	this					d	ay o	f					20	
Signature of	f medical	attend	dant																					

## **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 PPS Namibia-accredited financial adviser or e-mail namibiaclaims@pps.co.za. Using unauthorised electronic signatures is at your own risk and PPS Namibia disclaims liability for any related issues.

## INFORMATION REGARDING THE DECLARATION BY MEDICAL DOCTOR/DENTIST FORM

PPS Namibia takes into consideration the standard recovery time for which any particular illness would, under normal circumstances, reasonably render a person unable to perform their professional duties. The standard recovery time is based on current clinical practice and research into relevant medical literature regarding treatment protocols and anticipated recovery periods. PPS Namibia will, however, take into consideration aggravating factors influencing the recovery of the individual when assessing a claim. In this regard, please provide relevant medical information which will assist PPS Namibia in its assessment of the claim.

Claims for sickness benefits must be made on the prescribed PPS Namibia claim forms.

Please note the following:

- 1) The treating medical practitioner/dentist must complete this form. Please note that PPS Namibia does not accept telephonic consultations and the policy rules require that the claimant should be personally examined by the attending medical practitioner.
- 2) The member must have consulted the treating medical practitioner within the first seven days of the start of the claim period and the most recent consultation dates should be stated
- 3) The Declaration by Medical Doctor/Dentist Form should cover the whole period claimed for. No post-dated forms will be accepted, except in the cases where PPS Namibia has authorised such request. PPS Namibia may, at its discretion, request weekly or monthly declarations to confirm diagnosis, treatment and progress.
- 4) To avoid conflict of interest, PPS Namibia will not allow Declaration by Medical Doctor/Dentist Forms to be signed by practitioners where there is a familial or other relationship between the physician and the policyholder except for the doctor/patient relationship. Where this is not the case, PPS Namibia reserves the right to ask for any additional medical or other information that it may deem necessary to validate the claim.
- 5) Please note that while PPS Namibia values the contribution of psychologists, physiotherapists and occupational therapists in the treatment of patients, only medical doctors may book PPS Namibia members off work for PPS Namibia benefits.
- 6) In determining whether the patient is booked off as "Total" or "Partial", please indicate on the form if the patient can perform any of their usual professional duties. Usual professional duties are defined as those occupational tasks which the patient is required to carry out as part of their occupation prior to claim. This may include administrative duties or tasks such as attending to electronic communication.
- 7) No fee(s) will be paid by PPS Namibia for the completion and/or submission of this form. If you intend to levy a fee for the completion and/or submission of this form, payment will have to be discussed and arranged directly with your patient.
- 8) PPS Namibia reserves the right to request further reports or consultation records should the need arise.

For further information please ask your patient to consult the PPS Namibia How to Claim Document and their PPS Namibia Provider™ Policy.