

5. Did the condition have: An acute onset? Slowly progressive onset?

6. Provide date of **initial consultation** with yourself and brief details of the **chronological history** 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 **side of the body** is affected? Left: Right: Both: Not applicable:

9. If affected, is it a dominant limb? YES NO

10. Is this claim due to an **injury/traumatic event**? YES NO

If YES, please supply the date of injury/trauma.

D	D	M	M	Y	Y	Y	Y
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Please provide details in this regard (motorcycle accident, rugby injury, hijacking incident, etc.).

PART D: PARTICULARS OF SURGERY, RESPONSE TO TREATMENT AND ANTICIPATED FURTHER TREATMENT

11. Was any **surgery/procedure** performed? YES NO

Date of initial surgery/procedure:

D	D	M	M	Y	Y	Y	Y
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Date of second surgery/procedure:

D	D	M	M	Y	Y	Y	Y
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Describe nature of surgery: e.g., open surgery, laparoscopic.

Provide details of **complication(s)** following surgery which prolonged the illness beyond what can be reasonably expected for a condition of this nature:

Is additional surgery/procedure(s) anticipated? YES NO

If YES, provide details (i.e., dates, nature of surgery).

12. Details of treatment administered for current sickness claim event including medication, physiotherapy and psychotherapy.

Name of medication/therapy	Dose and frequency of treatment	Date commenced	Date completed

13. Describe your patient's compliance to treatment. If not compliant to treatment, provide comprehensive details when treatment was stopped and/or alternative treatment provided.

14. 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?

15. Please provide **details of co-morbidities** and indicate how it influenced your patient's recovery, where applicable.

PART E: GENERAL

16. Is it possible that this diagnosis might result in any form of permanent incapacity? YES NO

In the event the diagnosis results in a permanent capacity, describe interventions taken to prevent this:

16.1. Do you expect a further claim for the condition?

17. Are you related to this patient? YES NO

If YES, describe the nature of your relationship with the patient:

PART F: MEDICAL PRACTITIONER'S DETAILS

HPCNA reg no.: Practice no.:

Initials: Surname:

Telephone:

E-mail:

Address:

Postal code:

Signed at this day of 20

Signature of medical attendant

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.