

CLAIM FOR SICKNESS BENEFIT – DECLARATION BY DOCTOR NAMIBIA FOR CLAIM RELATED TO COVID-19 (CORONAVIRUS) INFECTION

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.



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 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 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.

COVID-19-related sick leave claim requirements		
Topic		Requirements and notes
A	All types of COVID-19 claims	<ul style="list-style-type: none"> • Copy of COVID-19 test result • Declaration by Member Claim form • Declaration by Doctor Claim form <p>PPS Namibia aims to pay all valid claims timeously. Accurately completed forms facilitate the assessment process and allows for a correct assessment.</p>
B	Claim duration	
1	Ten days or less	<p>As noted in A above.</p> <p>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.</p>
2	Exceeding ten days	<ul style="list-style-type: none"> • 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. <p>Refer to the attached addendum for a set of specific requirements to substantiate extended claims.</p>
C	COVID-19 complications	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Beyond the initial period of infection, claims should be submitted to PPS Namibia 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:

ID/Passport number (if no ID):

Cellular:

Medical aid name: Medical aid number:

E-mail:

PART B: PARTICULARS OF THE 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	Details of treatment/rehabilitation	Treatment commencement and end date	Details of treating practitioner (name and contact number E.g., Ms. X)
E.g., fatigue and brain fog 15/08/2021 to 30/08/2021	E.g., occupational therapist for paced return to work	E.g., 16/08/2021 to 30/08/2021	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		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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dd/mm/ccyy to dd/mm/ccyy		dd/mm/ccyy to dd/mm/ccyy	

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).

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 Namibia 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 Namibia 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 with confidentiality.

REQUIREMENTS TO HOLISTICALLY ASSESS LONG COVID-19 CLAIMS

COMPLICATION	TEST/INVESTIGATION
<ul style="list-style-type: none"> Fatigue, brain fog, PTSD, anxiety, depression 	<ul style="list-style-type: none"> 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 healthcare 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	<ul style="list-style-type: none"> 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-Barré Transverse myelitis Stroke Peripheral nerve damage Hypoxic brain damage	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Blood tests: HbA1C, U&E, cholesterol
Liver abnormalities	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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