

PREGNANCY-RELATED SICKNESS BENEFIT CLAIM NAMIBIA
(DECLARATION BY TREATING OBSTETRICIAN/GYNAECOLOGIST)



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 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: MEMBER DETAILS

Member number:

ID/Passport number (if no ID):

Initials: Surname:

PART B: GENERAL CLAIM INFORMATION

1. What was the gestational age at time of the complication?

2. What is the estimated date of delivery (expected prior to complication)?

3. Please provide the primary obstetric diagnosis:

4. Date of diagnosis: Date of onset of symptoms:

5. Date of first consultation:

ICD 10 code(s):

6. Please provide brief details of the chronological history of the condition or sequence of events:

7. Details of treatment administered for current illness or claim event including medication, bedrest, physiotherapy, psychotherapy, etc.

Name of medication/therapy	Doses and frequency of treatment	Date commenced	Completion date

