momentum
corporate

Critical Illness - confidential medical report

Treating specialist to complete this form

Dear Doctor

The medical information requested in this form is in support of a claim for critical illness benefits provided by the member's employer. Your expertise and advice will provide a vital link in the process of assessing the claim.

As this is an extremely stressful time for the member, we would appreciate your speedy assistance with this matter.

We thank you in anticipation for your co-operation.

As this report is in support of a claim application, any cost in connection with this report will be for the account of the policyholder.
Momentum will not be liable for any cost in connection with completing this report.

Please ensure that copies of all clinical / diagnostic test results and relevant information and reports as per Addendum 1 are attached hereto.

Completed form together with supporting documents to be faxed to 021 917 3711 or emailed to wcc@momentum.co.za or posted to PO Box 2212, Bellville 7535, attention Momentum Group Insurance disability claims.

1. Scheme details

Scheme name	
Employer name	

2. Member details

Title		Initials	
First name/s			
Surname			
Date of birth	D D - M M - Y Y Y Y		
RSA ID	Yes ☐ No ☐	ID/Passport No.	
Passport country of origin			
Gender	Male ☐ Female ☐		

3. Medical practitioner's details

Name of doctor			
Qualifications/speciality			
Hospital / Practice name			
Practice number			
Address			
		Postal code	
Telephone		Fax	
Email			

4. Consultation history

Date of your first ever consultation with the member	D D - M M - Y Y Y Y
Date of your first consultation with the member with regard to the current symptomology	D D - M M - Y Y Y Y
Date of your last consultation with the member with regard to the current symptomology	D D - M M - Y Y Y Y

5. Medical references

Please give the details of any other practitioners, specialists or hospitals that the member has been referred to.

Name of practitioner / hospital			
Speciality			
Postal address			
Tel no.			
Complaints referred for			
Date referred			

6. Critical illness details

Refer to Addendum 1 for outline of conditions that may be covered under the policy in place.

What illness/impairment has led to this claim?

Date of onset of illness/event or injury claimed for D D - M M - Y Y Y Y Date of diagnosis D D - M M - Y Y Y Y

Kindly advise the relevant ICD10 code/s relating to the member's diagnosis.

Please mention any other illness or injury for which the member consulted you.

Complaint	Date	Degree of severity

Do any of the definitions listed in Addendum 1 accurately describe the member's condition? Yes ☐ No ☐

If Yes, which definition is the accurate description of the member's condition?

Please provide all the required relevant medical information substantiating the member's condition as outlined in Addendum 1. Documentation (as per Addendum 1) substantiating the claim is also required, if applicable.

7. Supporting documents required

I have included copies of relevant medical information and specialist reports as per Addendum 1 Yes ☐ No ☐

I have included copies of all relevant clinical / diagnostic test results Yes ☐ No ☐

8. Declaration

I hereby declare that I have personally examined and attended to the member and that the contents of this report are true and correct.

Signature of Doctor

D D - M M - Y Y Y Y

Date

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2. Place your scanned signature in the signature block.
   - Store your scanned signature in a safe place on your computer.
   - Select the 'comments' tab from your menu in Adobe.
   - Select the 'add stamp' icon.
   - Select custom stamps.
   - Create custom stamps.
   - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
   - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
   - Place it in the document and save the document.

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Addendum 1

The following table provides a general outline of critical illness cover that may be in place for the member, and is intended as a guide. The member may not have cover for all conditions listed below. Variations can occur. The following information does not override the provisions of the specific policy in place.

Critical illness condition	Report and documentation required
Cancer	Oncologist's report detailing staging, grading, location of primary tumour and metastases together with supporting histology report.
Heart attack	Cardiologist's report including details of clinical symptoms, comment on ECG changes and cardiac markers, together with copies of cardiac marker results, echo results and ECG.
Stroke	Neurologist's report with copies of neuro-imaging investigative reports and Addendum 2 or WPI rating 3 months post stroke.
Coronary artery bypass graft	Surgery report and pre-operative angiogram report.
Heart valve surgery	Surgery report.
Aorta graft surgery	Surgery report.
Angioplasty	Pre-operative angiography report and surgery report.
Kidney failure	Nephrologist's report confirming need for permanent dialysis and/or transplant with supporting renal function report.
Major organ transplant	Surgery report confirming that the transplant has been performed or transplant centre report confirming that the member is on the transplant waiting list together with report from treating specialist detailing the need for the transplant.
Paralysis / paraplegia	Neurologist's report confirming location, degree and permanence of paralysis.
Blindness	Ophthalmologist's report confirming the cause, degree and permanence of visual impairment in one or both eyes. Corrected visual acuity readings (using Snellen Chart) for both eyes to be included.
Loss of limbs	Surgeon's report for severance (detailing cause and location of severance) or neurologist's report for loss of function (detailing cause, location and degree of loss of function).
Loss of hearing	Audiologist's report or ENT surgeon's report detailing degree and permanence of hearing loss with audiometric and sound threshold test results for both ears.
Loss of speech	Specialist report detailing the cause, extent and duration of loss of speech.
Coma	Neurologist report detailing the nature, extent, duration and permanence of neurological deficits as well as duration of coma.
Severe burns	Surgeon's report detailing localization, degree and extent of burns. Percentage of body surface affected should be indicated.
Multiple sclerosis	CT scan or MRI scan report and neurologist's report to be completed no sooner than six months after first diagnosis which should detail functional abilities and impairments, specifically commenting on member's mobility and paralysis (extent, degree and location of paralysis).
Motor neurone disease	Neurologist's report confirming presence of diagnostic criteria and detailing the extent and permanence of damage to the nervous system.
Parkinson's disease	Neurologist's report detailing signs of progressive impairment and ability to control the condition with medication. The Neurologist should comment on the member's ability to perform the following activities of daily living: transfer, mobility, continence, dressing, bathing/washing, eating.
Benign brain tumour	CT scan or MRI report with Neurologist's report including comment on presence of clinical symptoms of raised intracranial pressure as well as degree and permanence of the following neurological deficits: blindness, deafness, speech disorder, or motor paralysis involving one or more limbs.
Advance dementia (including Alzheimer's disease)	Psychiatrist's or neurologist's report confirming diagnosis and presence of diagnostic criteria and including comment on member's mental and social functioning.
Poliomyelitis	Neurologist's report three months post diagnosis detailing location and permanence of paralysis (motor function or respiratory weakness) with pathology report confirming the infection.
Aplastic anaemia	Bone marrow biopsy report and Haematologist's report with comment on required treatment.
Severe ulcerative colitis	Endoscopic examinations and histopathology reports with Gastroenterologist's report including comment on duration of symptoms, quantified weight loss, dates of all required hospital admissions, surgery performed etc.
Severe Crohn's disease	Endoscopic examinations and histopathology reports with Gastroenterologist's report including comment on duration of symptoms, quantified weight loss, dates of all required hospital admissions, surgery performed etc.
Primary pulmonary hypertension	Specialist physician's report including cardiac catheterisation and pulmonary pressure readings at the beginning and end of a 6 month period.
Acquisition of HIV from blood transfusion	Physician's report including pathology and report confirming liability of acquisition from blood transfusion.
Occupationally acquired HIV	Occupational medical practitioner report detailing mechanism of and events leading to infection together with pathology reports within 5 days of infection and within 4 months of infection.

Critical illness condition	Report and documentation required
Accidental head injury	Neurologist report confirming cause and extent of head injury and providing the member's Rankin score as follows: Score 0: No symptoms Score 1: No significant disability, despite symptoms; able to carry out all usual duties and activities Score 2: Slight disability; unable to carry out all previous activities but able to look after won affairs without assistance Score 3: Moderate disability requiring some help, but able to walk without assistance Score 4: Moderate severe disability; unable to walk without assistance and unable to attend to own bodily functions without assistance
Cardiomyopathy	Echocardiogram report and Cardiologist report including comment on severity and permanence and advising of NYHA impairment grading.
Lupus	Specialist Physician report with supporting clinical investigation findings supporting diagnosis. Report must detail all treatment received to date and response thereto.
Reconstructive Surgery as a result of an accident, required to restore normal function	Surgery report as well as specialist report confirming details of accident (including date and time of accident), localisation and extent of disfigurement, reason for surgery.
Blood transfusion as a result of an accident	Specialist report detailing the accident (including nature, date and time of accident), reason for blood transfusion, date and time of blood transfusion, number of units of blood required.
Major bone fracture as a result of an accident	Specialist report providing details of accident (including nature, date and time of accident), and injuries and confirming the diagnosis. Pre- and post-surgery radiology reports confirming diagnosis and surgical intervention respectively. Surgery report.
Advanced Protection Cover. Member will be regarded as having a critical illness if injury, illness, disease or medical condition has made them permanently EITHER totally dependent on a caregiver to do three or more Basic Activities of Daily Living OR require assistance from a caregiver to do five or more Basic Activities of Daily Living (refer to Addendum 2)	Specialist report detailing condition with copies of all supporting diagnostic test results, plus Addendum 2 completed 6 months post diagnosis of condition giving rise to inability to perform the listed ADLs.

Critical Illness - confidential medical report

Addendum 2 to be completed by treating specialist. For claims for Stroke and Advanced Protection Cover.

1. Member details

First name/s

Surname

Date of birth D D - M M - Y Y Y Y

RSA ID Yes ☐ No ☐ ID/Passport No.

2. Medical Practitioner's details

Name of doctor

Qualifications/speciality

Practice number

Telephone

3. Activities of Daily Living

Ability to perform Activities of Daily Living. To be completed 3 or 6 months following diagnosis for stroke and advanced protection cover respectively.

Basic	Competent	Impaired	**Advanced**	Competent	Impaired
Bowel status			Driving a car		
Bladder status		☐	Medical care: prepares and takes correct medication		
Grooming	☐		Money managment		
Toileting			Communicative activities: use of phone, writing checks, writing letters		
Feeding			Shopping: lifting or carrying groceries		
Transfers from chair to bed			Food preperation		
Indoor mobility			Housework		
Dressing			Community ambulation with or without assistive device, but not requiring a mobility device		
Stairs			Moderate activities: moving table, pushing vaccum cleaner, bowling, golf		
Bathing			Vigorous activities: running, heavy lifting, sports		

4. Declaration

I hereby declare that I have personally examined and attended to the member and that the contents of this report are true and correct.

Signature of Doctor

D D - M M - Y Y Y Y

Date

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   - Select the 'add stamp' icon.
   - Select custom stamps.
   - Create custom stamps.
   - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
   - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
   - Place it in the document and save the document.

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