

Dread disease - 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 dread disease benefits provided by the claimant'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 claimant, 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 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 Employee Benefits disability claims.

1. Scheme details

Scheme name:

Employer name:

2. Member details

Title Initials

First name/s

Surname

Date of birth DD - MM - YYYY

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 - work Fax

Email

4. Consultation history

Date of your first ever consultation with the member DD - MM - YYYY

Date of your first consultation with the member with regard to the current symptomology DD - MM - YYYY

Date of your last consultation with the member with regard to the current symptomology DD - MM - YYYY

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. Dread disease details

What illness/impairment has led to this claim?

Heart attack	<input type="checkbox"/>	Blindness	<input type="checkbox"/>	Accidental head injury	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	Major organ transplant	<input type="checkbox"/>	Advanced dementia (including alzheimer's disease)	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	Aplastic anaemia	<input type="checkbox"/>
Coma	<input type="checkbox"/>	Motor neuron disease	<input type="checkbox"/>	Cardiomyopathy	<input type="checkbox"/>
Severe burns	<input type="checkbox"/>	Kidney failure	<input type="checkbox"/>	Loss of limbs	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	Loss of hearing	<input type="checkbox"/>	Multiple sclerosis	<input type="checkbox"/>
Heart valve surgery	<input type="checkbox"/>	Loss of speech	<input type="checkbox"/>	Severe crohn's disease	<input type="checkbox"/>
Coronary Artery Bypass Graft	<input type="checkbox"/>	Benign brain tumour	<input type="checkbox"/>	Primary pulmonary hypertension	<input type="checkbox"/>
Aorta graft surgery	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	Acquisition of HIV from blood transfusion	<input type="checkbox"/>
Angioplasty	<input type="checkbox"/>	Severe ulcerative colitis	<input type="checkbox"/>	Occupationally acquired HIV	<input type="checkbox"/>

Date of onset of illness/event or injury claimed for

D	D	-	M	M	-	2	0	Y	Y
---	---	---	---	---	---	---	---	---	---

Date of diagnosis

D	D	-	M	M	-	2	0	Y	Y
---	---	---	---	---	---	---	---	---	---

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

Complaint	Date	Degree of severity

Describe fully the cause of the illness/event/injury being claimed for

Please give details of the member's treatment (including dose and date/duration). Refer to medication, surgery, hospitalisation, rehabilitation etc)

Do any of the definitions listed in Addendum 1 accurately describe the member's condition?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

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

Please provide all the relevant medical information substantiating the member's condition. 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

- -

Date

Addendum 1

Standard industry policy definitions for certain dread disease conditions

From 1 September 2009 Momentum has been following an industry standard of assessing certain dread disease (critical illness) events, to ensure that consistent and objective claims decisions are made.

The former Life Offices Association (LOA), whose members are now part of ASISA (Association for Savings & Investment SA), set up SCIDEP (Standardised Critical Illness Definitions Project) to derive a set of standard industry definitions.

The standard definitions apply to the following four “core” diseases, which make up between 70% and 90% of all dread disease claims:

- heart attack
- cancer
- stroke
- coronary artery bypass graft (CABG)

All other conditions not listed above will be assessed in terms of Momentum’s standard policy definitions and terms.

The following tables provide a general outline of dread disease cover that may be in place for the member, and is intended as a guide. Variations can occur. The following information does not override the provisions of the specific policy in place.

Core conditions (assessed under ASISA standard definitions)

Cancer	A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.
Exclusions	<ul style="list-style-type: none"> • All cancers in situ and all pre-malignant conditions. • All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0. • All skin cancers, other than malignant melanoma that has been histologically classified as having caused invasion beyond the outer layer of skin (epidermis). • Prophylactic mastectomy for carcinoma in situ
Payment level A	Stage 4 cancer (distant metastasis).
Payment level B	Stage 3 cancer (spread to regional lymph nodes).
Payment level C	Stage 2 cancer (spread to adjacent structures or organs).
Payment level D	Stage 1 cancer (confined to the tissue or organ of origin).
	The levels are correlated to the general classification used by the American Joint Committee for Cancer for the type of cancer involved.
Report and documentation required	Oncologist’s report with histology.
Heart attack	The death of heart muscle, due to inadequate blood supply as diagnosed by compatible clinical symptoms, characteristic ECG changes of myocardial infarction and raised cardiac markers.
Exclusions	Angina and other acute coronary syndromes.
Payment level A and B	Heart attack with permanent impairment. The degree of permanent damage can be measured by a heart sonar, an exercise tolerance test or a measurement of physical abilities performed 6 weeks after the event. Depending on the severity, either level A or B will be paid.
Payment level C and D	Heart attack with no permanent impairment.
Report and documentation required	Cardiologist’s report with copies of cardiac marker results and ECG.
Stroke	The death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit lasting longer than 24 hours, confirmed by neuro-imaging investigation and appropriate clinical findings by a specialist neurologist (refer to attached addendum 2).
Exclusions	Cerebral symptoms due to transient ischemic attack, vascular disease affecting the eye or optic nerve, migraine and vestibular disorders or traumatic injury to brain tissue or blood vessels.
	Severity levels may only be assessed after 3 months by the treating neurologist and will be based on the ability to perform activities of daily living as per addendum 2 or based on the assessed level of Whole Person Impairment, as calculated by the American Medical Association Guides to the Evaluation of Permanent Impairment 6th edition.
Payment level A	Requires constant assistance, as measured by the inability to do 3 or more basic activities of daily living, or a whole person impairment of more than 35%.
Payment level B	Unable to function independently, as measured by the inability to do 6 or more advanced activities of daily living, or a whole person impairment between 21% and 35%.
Payment level C	Able to function independently, but has impairment as measured by the inability to do 3 or more advanced activities of daily living, or a whole person impairment 11% to 20%.
Payment level D	If there has been full recovery with little residual symptoms or signs as measured by the ability to do all basic and advanced ADL’S, or a WPI of 10% or less.
Report and documentation required	Neurologist’s report with copies of neuro-imaging investigative reports and Addendum 2 or WPI rating 3 months post stroke

Core conditions (assessed under ASISA standard definitions) continued

Coronary artery bypass graft	Undergoing of surgery to correct the narrowing of, or blockage to, one or more coronary artery/ies by means of a bypass graft.
Exclusions	Angioplasty or other non-surgical techniques such as laser treatment. Severity level will depend on the number of arteries grafted.
Payment level A	Three or more coronary arteries.
Payment level B	Two coronary arteries.
Payment level C	Left main or proximal left anterior descending coronary artery.
Payment level D	Any one coronary artery.
Report and documentation required	Surgery report and pre-operative angiogram report.

Other conditions (not assessed under ASISA standard definitions)

Dread Disease condition	Report and documentation required
Heart valve surgery	Surgery report
Aorta graft surgery	Surgery report and pre-operative assessment by specialist surgeon.
Angioplasty	Pre-operative angiography report with 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.
Paralysis	Neurologist's report confirming location, degree and permanence of paralysis.
Blindness	Ophthalmologist's report confirming the degree and permanence of visual impairment in one or both eyes. Corrected visual acuity readings 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
Accidental head injury	<p>Neurologist report confirming cause and extent of head injury and providing the member's Rankin score as follows:</p> <p>Score 0: No symptoms</p> <p>Score 1: No significant disability, despite symptoms; able to carry out all usual duties and activities</p> <p>Score 2: Slight disability; unable to carry out all previous activities but able to look after own affairs without assistance.</p> <p>Score 3: Moderate disability requiring some help, but able to walk without assistance</p> <p>Score 4: Moderate severe disability; unable to walk without assistance and unable to attend to own bodily functions without assistance</p>
Cardiomyopathy	Echocardiogram report and Cardiologist report including comment on severity and permanence and advising of NYHA impairment grading.

Addendum 2

Ability to perform Activities of Daily Living (for stroke). To be completed after 3 months following the date of diagnosis.

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