

## Critical Top-up - 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](mailto: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   -   -      
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   -   -      
Date of your first consultation with the member with regard to the current symptomology   -   -      
Date of your last consultation with the member with regard to the current symptomology   -   -

## 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  -  -  Date of diagnosis  -  -

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.

<input type="text"/>
<b>Signature of Doctor</b>
<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
<b>Date</b>

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**Options to sign the form:**

1. Print out the form, sign and scan it and send it back via email to [wcc@momentum.co.za](mailto:wcc@momentum.co.za) , fax it to Fax +27 (0)21 917 3711 or posted to PO Box 2212, Bellville 7535, attention Momentum Group Insurance disability claims.
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.

Momentum Metropolitan Life Limited

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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.
Paralysis as a result of an accident	Neurologist's report detailing the accident (including nature, date and time of accident) and confirming location, degree and permanence of paralysis.
Loss of limbs as a result of an accident	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).
Coma as a result of an accident	Neurologist report detailing the accident (including nature, date and time of accident), as well as extent, duration and permanence of neurological deficits as well as duration of coma.
Severe burns as a result of an accident	Surgeon's report detailing the accident (including nature, date and time of accident), as well as localization, degree and extent of burns. Percentage of body surface affected should be indicated.
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 own 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.
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.

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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  -  -

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 management		
Toileting			Communicative activities: use of phone, writing checks, writing letters		
Feeding			Shopping: lifting or carrying groceries		
Transfers from chair to bed			Food preparation		
Indoor mobility			Housework		
Dressing			Community ambulation with or without assistive device, but not requiring a mobility device		
Stairs			Moderate activities: moving table, pushing vacuum 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**

-  -

**Date**

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- 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.

submit form

save form

print

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