



OLDMUTUAL

**GROUP ASSURANCE**

# **INCOME PROTECTION CLAIMS**

**Important information for medical practitioners  
providing reports in respect of disability claims.**



**CORPORATE**

**DO GREAT THINGS EVERY DAY**



**We have recently requested that you conduct an evaluation of a disability claimant. The purpose of this request is to obtain information with which to make a decision about the claimant's application for group risk benefits.**

Before conducting the evaluation please read this document, as well as the attached briefing letter, in full. Unless otherwise advised, we will assume that you have read, understood and agreed to our requirements and expectations as set out in this letter.



## UNDERSTANDING THIS REQUEST

<b>Why is Old Mutual asking for the claimant to be evaluated?</b>	<ul style="list-style-type: none"><li>• We are assessing a disability claim to determine whether it is a valid claim;</li></ul> OR <ul style="list-style-type: none"><li>• We require updated medical information to help us determine whether the claimant should continue to receive a monthly disability benefit or is ready to return to the workplace;</li></ul> OR <ul style="list-style-type: none"><li>• We require a second opinion on the claimant's medical condition</li></ul>
<b>Understanding Old Mutual Group Assurance Products</b>	<p>We have various disability products, including income protection which pays claimants a monthly benefit for the period of time that they are unable to work. We often assist claimants to return to work. We believe that a return to work is in the best interest of the claimant.</p>

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**What does Old Mutual expect from me as the medical practitioner?**

Please assess the claimant and provide us with a detailed report of your findings. The briefing letter contains details about the type of information that should be included in your report. If you require further assistance and guidance, please do not hesitate to contact us.

Should you recommend additional treatment, please inform the claimant and where applicable, provide the relevant referral letter needed to access these treatment options (including referrals to public sector hospitals).

If any urgent changes to medication or treatment are required, which differs from the current treatment protocol, please make a courtesy call to the claimant's treating physician.

It is important to remember that there are many different types of disability products that are available including but not limited to total and permanent disability; and monthly income protection benefits. We strongly request that you do NOT give an opinion or recommendation on the claimant's eligibility for disability benefits, as this is based on the nature of the disability policy, as well as various other contractual terms and conditions – and is not only based on the claimant's medical condition.

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<b>How is the confidentiality of the claimant protected?</b>	We comply with the Protection of Personal Information Act.
<b>What is expected of me in terms of protecting the confidentiality of the medical information?</b>	We expect that you will handle all the information provided to you with due care and diligence and abide by the applicable legislation and guidelines supplied by your professional body.





## BEFORE THE APPOINTMENT

### **What should I do before the appointment?**

Our offices will send you a briefing letter with our requirements, as well as the current medical information that we have available on the claimant. Please read this before the appointment and let us know if you have any questions about the case.

While we have already provided the claimant with the details of the appointment, it would be appreciated if you could also contact the claimant to confirm:

- The date, time and duration of the appointment
- The address and directions on how to get there
- If you require the claimant to bring any specific items to the appointment (e.g. medication, test results, glasses, their own lunch or an interpreter)

### **Professional registration and indemnity**

Old Mutual has established that you are a registered medical practitioner – we have referred this claimant to you under the assumption that you are registered with a professional body such as the HPCSA; that your professional registration is up to date and valid and that there are no reasons why you cannot consult with a patient. Should our assumption herein be incorrect, please do not proceed with the appointment but do notify us urgently.



## THE APPOINTMENT

<b>How do I confirm that the correct person has come to the appointment?</b>	Please confirm the claimant's identity by requesting and making a copy of their ID document. If the claimant permits, taking a photograph of the claimant will be valuable.
<b>What do I do if the claimant does not arrive for the appointment?</b>	Please contact our offices if the claimant misses the appointment. Should there be a cancellation fee payable, we will forward this directly to the employer or claimant for payment.
<b>What if the claimant cannot complete the appointment?</b>	Claimants may state that they are unable to complete an appointment due to fatigue, pain or emotional distress. Please use your discretion and experience to determine whether you have adequate information to provide us with feedback or if another appointment should be scheduled.
<b>What if I need to conduct more tests/ investigations/ a further evaluation?</b>	Please contact the assessor, whose details are on the briefing letter, for authorisation to proceed.

<b>Am I allowed to contact the claimant's employer/family/treating medical practitioner?</b>	<p>Yes, we encourage you to do so to allow for a holistic evaluation of the claimant. We do, however, recommend that you discuss this with the claimant.</p>
<b>What should I tell the claimant after the evaluation?</b>	<p>If you have any recommendations regarding the claimant's treatment or medical condition, you may advise the claimant directly and/or contact the treating medical practitioner to discuss. We strongly request that you do NOT provide your opinion on the application for a disability benefit – rather direct the claimant to our offices should there be any queries regarding the claim or the related processes.</p> <p>Please do not offer assurances on behalf of Old Mutual or the employer. The assessment of the claim will be decided based on the nature of the disability policy, as well as various other contractual terms and conditions – and is NOT only based on the claimant's medical condition.</p>





## THE REPORT

<b>What does Old Mutual require from me after the appointment?</b>	We require a detailed report with the findings of your evaluation and your invoice. If you want to discuss the appointment with us you are welcome to contact any of our assessors, who are all medically trained professionals. Their contact details can be found on the briefing letter.
<b>A note for psychiatrists</b>	SASOP and ASISA are in the process of releasing guidelines for psychiatrists regarding the evaluation of disability. We recommend that you peruse this document prior to the evaluation.
<b>When does Old Mutual expect the report?</b>	We expect to receive the report within 10 working days after the consultation or appointment. If you are unable to send us this report within the 10 days and you do not contact us to arrange a new date, we may reduce your fee by 1% per day for the delayed submission.
<b>Who will see my report?</b>	We will not release the report to any third parties. However if the claimant or his/her authorised representative requests a copy of the medical report, or there is an application under the Promotion of Access to Information Act, we are obliged to make a copy of this report available.

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**Our request on recommendations**

We encourage claimants to return to work given that they have a benefit in terms of our Well4Work range of disability benefits.

Please assist us by providing detailed recommendations, for example:

- Comments regarding the expected return to work date
  - If you recommend a return to work with alternative duties, specify what tasks should and should not be performed; and for what period of time
  - If you recommend an alternate occupation, please provide details on specific duties, restrictions, accommodations or any upskilling that may be required. Please also substantiate your recommendations where possible
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## THE ACCOUNT AND PAYMENT

<b>How much will Old Mutual pay me for the report?</b>	Our briefing letter provides the maximum fee payable for the report and consultation, as well as where to submit the invoice.
<b>What if my account exceeds the maximum fee that Old Mutual has advised?</b>	Please contact us before the appointment and/or sending the report to discuss this.
<b>What are Old Mutual's requirements in an invoice?</b>	<p>Please send us the completed payment authorisation form attached to our briefing letter with your invoice.</p> <p>Ensure that your invoice includes the following details:</p> <ul style="list-style-type: none"><li>• Valid BHF practice number</li><li>• Date service was provided</li><li>• Amount of services rendered</li><li>• Confirmation whether you are tax registered</li><li>• The ID number or date of birth of the claimant that you have evaluated</li></ul>
<b>How long does Old Mutual take to pay an account</b>	If the invoice meets all the requirements listed above, we will pay your account in 10 working days.

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**A reminder**

We expect to receive the report within 10 working days after the consultation or appointment. If you are unable to send us this report within the 10 days and you do not contact us to arrange a new date, we may reduce your fee by 1% per day for the delayed submission.

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## OUR CONTACT DETAILS

### DISABILITY ASSESSMENTS

Email [gapdisabilityassessments@oldmutual.com](mailto:gapdisabilityassessments@oldmutual.com)

Telephone 021 509 6403

### PAYMENT OF THE REPORT

Email [gapmedicalfees@oldmutual.com](mailto:gapmedicalfees@oldmutual.com)

Telephone 021 509 3209

### COMPLAINTS

Email [groupassurancecomplaints@oldmutual.com](mailto:groupassurancecomplaints@oldmutual.com)

Telephone 021 509 5417

This document has been compiled for information purposes and to answer frequently asked questions. It does not contain all details contained in the policy document. If questions are asked of you, please refer the employer and your patient to consult the policy document relevant to their scheme for further detail. Whilst every effort has been made to ensure its accuracy, if a discrepancy exists between this document and the terms and conditions of the policy issued to the policyholder, the provisions of the policy will prevail.

#### **REGULATORY INFORMATION.**

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