OLDMUTUAL

TALKING POINTS

WHO IS RESPONSIBLE FOR THE COST OF MEDICAL REPORTS?

During a disability claim application (whether for group income protection; temporary income protection or lump sum disability benefits), medical reports are required at various stages to assess whether the claim is valid and to assist with making recommendations on the health and well-being of the claimant.

The table below gives clearer guidelines around when a medical report is required and who is responsible for the cost of the medical report at the various stages of a claim.

STAGE OF THE CLAIM PROCESS	WHY IS A REPORT REQUIRED	WHO PAYS FOR THE MEDICAL REPORT
BEFORE A CLAIM HAS BEEN SUBMITTED	For the employer/policyholder/ claimant to determine whether accommodations can be made in the workplace or whether a claim should be submitted	The employer/policyholder
DURING THE SUBMISSION OF A NEW DISABILITY CLAIM	A basic medical report is required as part of the minimum requirements needed to open a new claim disability claim	The employer/policyholder/claimant
AFTER A CLAIM HAS BEEN SUBMITTED	To ascertain whether the claim is valid	If a current, complete and detailed initial medical report has been submitted which indicates that there is a potentially disabling medical condition, the insurer will bear the costs of further medical reports
WHEN AN INCOME PROTECTION CLAIM HAS BEEN APPROVED	To determine if an income protection claim remains valid and/or if the claimant can return to work	The insurer
WHEN A CLAIM HAS BEEN DECLINED	To appeal the decision of the insurer	The employer/policyholder/claimant (If the claim is admitted after the appeal, the costs of this medical report can be recovered by the insurer)

Please call our HR 911 helpline on 021 509 3911 if you need any assistance with the claims process.

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