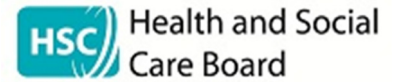


FUNDING FOR TREATMENT IN THE EEA – APPLICATION FORM



GUIDANCE NOTES

EU Directive application route:

Please note: HSC (NI) can only process claims for people ordinarily resident in Northern Ireland and legally entitled to HSC services. Reimbursements will only be granted for eligible treatment costs (i.e. not travel / accommodation).

Directive route applications must be authorised by HSCB NI prior to treatment if subject to “prior authorisation”. Please note that there are commissioning restrictions on certain services and that HSCB under Effective Use of Resources policies does not commission certain procedures. Patients are therefore strongly advised to contact the HSCB in advance of travelling to discuss whether prior authorisation is required, as well as levels of reimbursement.

You will need prior authorisation providing proof that the treatment is appropriate in your individual circumstances when:

- you have not been assessed as requiring the treatment you are seeking by a NI HSC Consultant
- and the treatment involves at least one night stay in hospital or requires the use of highly specialized and cost intensive medical equipment
- applications for ‘specialised treatments’ require ‘prior’ authorisation and must be approved by HSC Board prior to treatment. A list of such treatments can be found on NHS Choices
- you will require significant post-operative local clinical care

Otherwise claims can be submitted post treatment and the provider can be either in the state or private sector.

Proof of residence and entitlement: Please see Section 10 for evidence that needs to be supplied with your application. The HSCB can only process applications for patients ordinarily resident in Northern Ireland.

The applicant is responsible for providing accurate and complete information with the application. This will form the basis of the decision making process. Incomplete applications will cause delay in processing your claim.

Part 1: Application Route	
<p>Application Route <i>(please tick one box only. Complete a separate application form for each category).</i></p>	<p><input type="checkbox"/> Directive Route: I am applying before receiving treatment in another EEA country (State or Private)</p> <p><input type="checkbox"/> Directive Route: I am applying after receiving treatment in another EEA country (State or Private)</p> <p><input type="checkbox"/> Directive Route - Specialised: I want to apply before treatment, for funding for a <i>specialised</i> treatment which is subject to prior authorisation in another EEA country (State or Private)</p>

Are you (the applicant) also the patient? Yes No - also complete Parts 6 & 7

Part 2: Patient Details			
Family name		First name(s)	
Date of Birth		Gender	
Telephone number		Email	
H&SC number		National Insurance No	
Permanent address in Northern Ireland (inc. postcode)			
Alternative address for correspondence (if applicable)			
GP Name / Registered GP practice:			
GP address (inc. postcode)			
Please provide the name of your Private Health Insurance Company if you have one and your membership No: _____			
<p>Have you applied to your Health Insurance Company for funding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has funding been approved by your Health Insurance Company? Please submit a copy of the decision letter with your application.</p>			

Part 3: Treating Consultant / Provider Details	
a.	The provider is in the (please tick) <input type="checkbox"/> Private sector or <input type="checkbox"/> State sector
b.	Please provide details of the main establishment(s) where the patient was treated / is going to be treated (If this involves more than one establishment, please provide details on a separate sheet.)
	Treating Consultant name
	Name of establishment
	Address
	Country
	Telephone number
	Email address
	Fax number
c.	If you are also claiming reimbursement for <u>prescribed drugs</u> paid for in another EEA country please provide details of the <u>pharmacy</u> that dispensed the drugs (Post treatment claims only)
	Name of establishment
	Address
	Country
	Telephone
	Email
d.	Is the patient exempt from any HSC (NI) charges (e.g. prescription/dental charges)?
	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please provide details, reason and evidence of exemption:

Part 4: Treatment Details

a.	What is the <u>DIAGNOSED</u> medical condition for which the patient has received / is planning to receive treatment(s) abroad?	
b.	Describe the <u>TREATMENT(S)</u> the patient has received / is planning to receive abroad.	
c.	What are / were the specific <u>DATE(S)</u> for the treatment(s) abroad (where applicable)?	
	In-patient stays (i.e. overnight stays in hospital)	
	Out-patient appointments (e.g. clinics / reviews)	
	Day-case procedures (admitted and discharged on the same day)	
	Other appointments (e.g. check-ups, physiotherapy)	
	Diagnostics tests (e.g. Blood tests / scans)	
	Equipment / Appliances issued (e.g. walking aids, hearing aids)	

Continue on a separate sheet if required	Drugs / Medication paid for	Medication Name	Type (e.g. tablets, gel, cream liquid)	Strength (e.g. 50mg)	Quantity (e.g. 1 x box 50 tablets)
	Other, please specify				
d.	Is a Consultant's letter / report attached: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	A letter / report <u>must</u> be attached from the patient's NI HSC Consultant, describing the patient's condition / diagnosis, and confirming the medical need for the treatment(s).				
e.	Are you applying before treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes go to (f) below, if No go to (g))				
f.	What are the estimated cost of the treatment?				

g. Post Treatment Proof of Payment				
<p>In the table below please list all the expenditure for which you are claiming reimbursement</p> <p>Reimbursement cannot be made without proof of payment. Please attach the originals of all bills, invoices and receipts. All of the entries must also be covered by a Consultant’s letter/report Additionally, please provide English translations, where these are not in English.</p>				
<p>Proof of payment – documentation</p> <p>Record the method of payment in the end column, providing the following evidence:</p>				
Cash		Invoice – <i>Original</i>	Cash receipt from the provider showing payment - <i>Original</i>	
Credit Card		Invoice – <i>Original</i>	Credit Card statement showing transaction to provider - <i>Copy</i>	
On-line Transaction		Invoice – <i>Original</i>	Bank statement showing transaction to provider - <i>Copy</i>	
Cheque		Invoice – <i>Original</i>	Receipt (original) & bank statement showing cashed cheque - <i>Copy</i>	
Date of receipt	Establishment paid	Treatment covered	Amount paid (in state currency)	Method of Payment
Please continue on an additional sheet if you need more space and tick here <input type="checkbox"/>		TOTAL CLAIMED:		

<p>h.</p>	<p>What treatments (if any) are you already receiving / have received, for this condition, and please indicate if any are / were under the HSC (NI)?</p>
<p>i.</p>	<p>Have you applied for funding, via the HSC (NI), for this treatment before? If so, was it approved?</p>
	<p>Applied for funding: <input type="checkbox"/> Yes <input type="checkbox"/> No Funding Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Funding Approved: If yes, provide further details, including dates / reference numbers: If no, provide the reason why funding was not approved:</p>
<p>j.</p>	<p>Is the claim in relation to emergency / urgent (unplanned) treatment abroad?</p>
	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and the treatment was provided by a state provider, did you try to use your EHIC card? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Didn't have an EHIC card. If you tried to use your EHIC card, was it accepted by the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please record the reason why the state provider would not accept it:</p>

k.	Did you have travel insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please state why you are applying for HSC (NI) funding rather than making an insurance claim:
l.	Are you expecting to receive follow-up treatment from the HSC (NI) when you return?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 5: Residence	
By ticking the following box, I confirm that I am ordinarily resident in Northern Ireland (living lawfully, on a settled basis), and entitled to receive HSC (NI) services: <input type="checkbox"/>	
Please provide the address you resided at, at time of treatment _____	

Part 6: Supporting Information	
(Please list any additional information that you have included with this application)	
(Please reference part / question number and continue on a separate sheet if needed)	

Part 7: Declaration by the Applicant

I declare that all the information I have provided is correct and complete. I understand and accept that if I knowingly withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings. I consent to the disclosure of all information relating to my application to and by HSCB Northern Ireland, the Department of Health, Social Services and Public Safety, the Business Services Organisation, the Department of Work and Pensions, Electoral Office, Home Office, Passport Office, and other HSC (NI) bodies, necessary for the processing and verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I understand that the HSCB NI is not liable for the care received abroad when funded by the Directive route.

By ticking the following box, I confirm that the patient is normally resident in Northern Ireland and entitled to receive Health and Social Care (HSC) services:

I declare that I am the patient / I am acting with the consent of the patient / I am legally empowered to act on behalf of the patient **(delete as appropriate)**

Name of applicant			
Signature of applicant		Date	

Part 8: Details of the Applicant (if different from the patient)

Family name		First name(s)	
Relationship to patient		Title	
Telephone number		Email	
Applicant's address (for correspondence)			

Part 9: Declaration by the Patient (required if different from applicant)

I hereby give permission for the person identified as the Applicant in Parts 7 and 8 of this form to make this application on my behalf. I understand that the HSC (NI) is not liable for the care received abroad when funded via the Directive route.

If applying for reimbursement of costs, I hereby confirm that I have received the treatment described.

Please note that reimbursement will only be made to the patient or their parent/guardian.

Reimbursement will not be made to a third party or service provider.

Name of patient			
Signature of patient		Date	

Part 10: Application checklist (you must complete this section prior to submitting your form)**1. Proof of residence and entitlement attached**

The following supporting documentation will be required for proof that you are lawfully resident for a settled purpose and entitled to Health and Social Care Services and should be submitted with the application:

- Copy of passport; **or** Birth Certificate (UK National); **or** EU/EEA National Identity Card
and
- A bank statement with full name and address (showing day to day transactions);
and
- Three consecutive payslips; **or** a recent benefits letter issued in NI showing receipt of Income Support or JSA; **or** letter regarding your UK State Pension; **or** letter from university or college at which you are studying; **or** a letter from HM Revenue and Customs with your National Insurance Number listed
and
- A copy of two recent (within the last 3 months) utility bills; or a rates bill; or tenancy letter (within the last 3 months); or a copy of a valid UK drivers licence; or a copy of a NI voters card

2. Original invoices and receipts / proof of payment, for items included in Part 4 (section g) (English translation(s) required).

3. Evidence of exemption from patient charges (if applicable).

4. All sections of the application form completed.

5. Signatures (patient/applicant).

6. Security Question and Answer: Q: _____
(please provide for phone call ID verification) A: _____

Supporting documentation

We only require the original receipts proof of payment documents as outlined in Part 4 Section (g). All other supporting documentation can be copies. We cannot accept responsibility for documents lost in transit. Translations should be signed / dated.

Please note that this application will not be processed until all of the necessary supporting information has been received. Incomplete applications will be put on hold and not processed until complete.

Please send your completed form and accompanying documents to the following address:

National Contact Point (NI)
Patient Travel and Reimbursement Team
Health & Social Care Board
12/22 Linenhall Street
Belfast, BT2 8BS

Or email: NationalContactPoint@hscni.net

Please note: It can take up to 20 working days for a fully completed application to be processed and a decision to be made. You will be informed of the outcome of your application once a decision has been reached. If approved, the reimbursement can take up to a further 30 working days to be processed.