

NHS SCOTLAND APPLICATION FOR REIMBURSEMENT / PERMISSION TO TRAVEL FOR TREATMENT IN THE EUROPEAN ECONOMIC AREA

GUIDANCE NOTES

This form can be completed by a person other than the patient, for example by a family member or a clinician. However, all the information provided should be about the patient. (Parts 8 and 9 of this form require the applicant to provide details if they are applying on behalf of the patient.

Please read the guidance available on Scotland's European Cross-border Healthcare National Contact Point <http://www.nhsinform.co.uk/Rights/Europe>, and the Scottish Government's health in Europe webpage <http://www.scotland.gov.uk/Topics/Health/Services/Europe> and **consult your local NHS Board's European Cross-border lead as necessary**, before completing this form.

Notes on the S2 route: Applications must be authorised by your local NHS Board before treatment is provided in another EEA country.

- The treatment must be available and provided by the state healthcare system of the other EEA country.
- It is important to ensure that the EEA country of treatment is prepared to accept an S2 form issued by the UK Government before the treatment takes place.
- S2 applications for maternity services must be made directly to the Department for Work and Pensions.

Notes on the EU Directive route

- Reimbursement can only be made for treatments that would be available to you on the NHS. If you are unsure whether a treatment would be available to you on the NHS, please contact your local NHS Board before you receive treatment. Find out more about the application process at <http://www.nhsinform.co.uk/Rights/Europe/about/approval>
- Depending on the complexities of your individual case, it may be necessary to request further information to allow your application to be assessed correctly.
- The majority of applications can be made before or after treatment. However, applications for specialised treatments as set out in the Manual of Prescribed Services <http://www.england.nhs.uk/wp-content/uploads/2012/12/pss-manual.pdf> require prior authorisation and must be approved by your local NHS Board before the treatment is carried out.
- Treatment received in another EEA country can be carried out by the private or state health sector in that country.

Reimbursement: Only treatment costs will be assessed for reimbursement. Translation costs to

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the relevant NHS Board will be deducted from the amount to be reimbursed.

Proof of residence: You must provide evidence to your local NHS Board that you are resident at the stated address and were / will be resident at that address during the treatment period.

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PART 1 - APPLICATION ROUTE

Treatment	On what basis is the treatment being provided? <input type="checkbox"/> Private healthcare provider or <input type="checkbox"/> State healthcare provider
Before or after treatment	<input type="checkbox"/> I am applying before receiving treatment in another EEA country. <input type="checkbox"/> I am applying after receiving treatment in another EEA country.
Application Route	<input type="checkbox"/> I want to apply for funding via the S2 route (prior to receiving healthcare provided by the state healthcare system in another EEA country). <input type="checkbox"/> I want to apply voluntarily for authorisation under the Directive before travelling to another EEA country for treatment <u>not</u> classed as specialised . <input type="checkbox"/> I want to apply for reimbursement under the Directive <u>after</u> travelling to another EEA country for treatment <u>not</u> classed as specialised . <input type="checkbox"/> I want to apply for prior authorisation under the Directive <u>before</u> travelling to another EEA country for treatment that <u>is</u> classed as specialised .

Medical Delay	Are you seeking treatment in another EEA country because of a medical delay for NHS treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide evidence that this delay is deemed to be medically unacceptable and assessed as such by a clinician employed by the NHS in the UK.

PART 2 - PATIENT DETAILS

Family Name		First Name(s)	
Date of Birth		Sex	
Telephone Number		Email Address	
CHI Number			

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National Insurance Number	
Permanent address in Scotland (inc. postcode)	
Alternative address in Scotland (if applicable)	
GP Name / Registered GP practice	
GP address (inc. postcode)	

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PART 3 - TREATMENT DETAILS IN RELATION TO THIS APPLICATION	
1	What is the <u>diagnosed</u> medical condition for which you have received / plan to receive treatment(s) in another EEA country?
2	Describe the treatment(s) you have received / plan to receive in another EEA country.
3	Is a clinician's letter / report attached <input type="checkbox"/> Yes <input type="checkbox"/> No

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	<p>A letter / report must be attached from your clinician, describing your condition / diagnosis, and confirming the medical need for the treatment(s). The letter / report must clearly state why the treatment is / was needed.</p> <p>For S2 applications the letter / report must be from a consultant employed by the NHS in the UK and must support the treatment(s) being carried out in the proposed EEA country.</p> <p>For the Directive the letter / report must be from an EEA clinician (this includes a UK clinician).</p> <p>If the report is provided by a clinician from another EEA country, please ensure that this is in English, or that an English translation is provided. You may provide an <u>accurate</u> translation yourself.</p>				
4	What are / were the specific dates for the treatments in another EEA country?				
	In-patient stays (overnight stays in hospital)				
	Out-patient appointments (day case / clinics)				
	Other appointments (follow-up etc.)				
	Diagnostics tests (e.g. blood, scans)				
	Equipment or appliances issued (walking aids etc.)				
	Drugs / medication paid for	Medication name	Type tablets, liquid,	Strength e.g. 50 mg	Quantity e.g. 28 tablets,

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			gel, etc.		150 ml liquid
	Other (please specify)				
5 (a)	Are you applying for treatment <input type="checkbox"/> Yes <input type="checkbox"/> No If No go to Question 6				
5 (b)	What are the estimated costs of the treatment(s)?				

6	Treatment costs (following treatment)			
	<p>In the table below you <u>must list all</u> the procedures / items individually for which you are claiming reimbursement.</p> <p>Please attach the originals of all invoices and receipts (keeping copies for your own records). Additionally, please provide English translations where these are not in English.</p> <p>N.B. Reimbursement will not be made without proof of payment via till receipt / official dated stamp on the invoice or bank / credit or debit card statement.</p>			
	Date of receipt	Establishment paid	Treatment covered	Amount paid and currency paid in
Example	<i>04/04/2014</i>	<i>Hôpital Européen Georges-Pompidou</i>	<i>Blood test</i>	<i>30,00 Euros</i>

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Please continue on an additional sheet if necessary and tick here <input type="checkbox"/>			TOTAL CLAIMED	

7	What treatments (if any) are you already receiving / have received for this condition. If applicable, please indicate if this is or was or is on the NHS.
8	Have you applied for funding from the NHS previously for this treatment?
	Applied for funding: <input type="checkbox"/> Yes <input type="checkbox"/> No Funding approved <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide further details, including dates.
	Details: If No, provide the reason funding was refused

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9 (a)	Is the application in relation to emergency / unplanned treatment	
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, did you try to use your European Health Insurance Card (EHIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not have an EHIC If you tried to use your EHIC, was it accepted by the EEA healthcare provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please record the reason why the EEA healthcare provider would not accept it.	
9(b)	Did You have travel insurance?	
	If Yes, please state why you are applying for NHS funding rather than making an insurance claim.	
PART 4 - TREATING CLINICIAN / PROVIDER DETAILS		
10	Please provide details of the main establishment(s) where you were treated / are going to be treated (if this involves more than one establishment, please provide details on a separate sheet)	
	Treating Clinician name	
	Name of establishment	
	Address	
	Country	
	Telephone Number	
	E-mail address	

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11	If applicable to your application, are you exempt from NHS dental charges?	
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PART 5 - SUPPORTING INFORMATION

(please reference part / question number and continue on a separate sheet if needed)

PART 6 - PATIENT DECLARATION

I declare that all the information provided is corrected 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 NHS Scotland, The Scottish Government Health & Wellbeing Directorates, the Department for Work and Pensions and other NHS bodies and external parties, necessary to process and verify this claim and the investigation, prevention, detection and prosecution of fraud.

I understand that the NHS is not liable for healthcare received in another EEA country when funded under S2 arrangements or under the European Cross-border Healthcare Directive.

By ticking the following box, I confirm that I am ordinarily resident in Scotland and am entitled to receive NHS treatment and services at no charge ☐

If applying for reimbursement of costs, I hereby confirm that I have received the treatment(s) described and understand that the person who received and paid for the treatment(s) will

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normally receive any reimbursement due.

I hereby give permission for the person identified as the Applicant in Part 8 of this form to make the application on my behalf (if applicable).

Name of Patient			
Signature of applicant		Date	

PART 7 - CONFIRMATION OF THE APPLICANT

Are you (the patient) also the applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please complete Parts 8 and 9
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PART 8 - DECLARATION BY APPLICANT

I declare that I am applying 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 9 - DETAILS OF THE APPLICANT

Family name		First Name(s)	
Relations to patient		Title	
Telephone number		E-mail address	
Applicant's Address (for correspondence)			

Please note that even if you are acting on behalf of the patient, proof of the patient's identity, as per the guidance notes, must still be provided. Parents acting on behalf of

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their children are required to submit of their own residence at the address given above.

PART 10 - APPLICATION CHECK LIST (YOU MUST COMPLETE THIS SECTION PRIOR TO SUBMITTING YOUR FORM)

- | | |
|--|---|
| | <ol style="list-style-type: none"> 1. <input type="checkbox"/> Proof of residence is attached (e.g. utility bill / council tax bill / bank or credit card statement / driving licence - covering the treatment period). 2. <input type="checkbox"/> Clinician's letter attached (English translation required). 3. <input type="checkbox"/> All sections of application form completed. 4. <input type="checkbox"/> Original invoices and receipts / proof of payment attached (for items included in Part 3, Section 6). 5. <input type="checkbox"/> Signatures where required. |
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Please send your completed form and accompanying documents to your local NHS Board. Addresses and contact details are available from the Scotland's European Cross-border Healthcare National Contact point at:

<http://www.nhsinform.co.uk/Rights/Europe/ContactsInScotland/NHS>

NB It can take up to 20 working days for a fully completed application to be processed and a decision to be made. Therefore, if you are applying for prior authorisation, either because it is mandatory or on a voluntary, or you are unsure about the correct route to suit your particular circumstances, you may wish to contact your NHS Board prior to submitting a formal application.