



You can also complete the claim and send supporting documentation online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish).

More information is available at www.kela.fi/medicines

You can track your own medicine expenses situation at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish).



If you have questions, please call our customer service number (www.kela.fi/call-kela)



Please make sure to complete the form carefully. Attach all necessary documentation.

We may contact you for further information if necessary.

Send the claim and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

- i** If you have not previously claimed benefits from Kela and have moved to Finland, also complete the Y 77e form. If you are about to travel abroad, also complete the Y 38e form.

Application deadlines

Prescription drug expenses that have not been reimbursed at the pharmacy: Within 6 months from the date of purchase

Prescription drug expenses that exceed the maximum annual limit on out-of-pocket prescription drug expenses: From the date of purchase to the end of June the following year

1. Claimant

- i** Person for whom the medicines have been prescribed.

Personal identity code Family name and given name

Telephone

E-mail

- i** Kela retrieves address data from the population data system. If you are resident abroad, please state both your address abroad and your address in Finland under section 5 Additional information.

2. Bank account number

- i** If you have an account with a foreign bank, state also the BIC code of your bank.

- i** You can issue a power of attorney to authorise another person or company to receive the reimbursement due to you. Provide information about the authorised person or company and their bank account number in section 7 Power of attorney.

3. Claim

- i** If you have applied to Kela for social assistance and you have received a voucher to purchase medicines, you cannot get a reimbursement or additional reimbursement for the medicines you purchase on a voucher.

State the reason for claiming reimbursement.

- i** Enclose all necessary documentation. For further information, see section 4 Supporting documents.

Maximum annual limit on out-of-pocket prescription drug expenses exceeded.

New entitlement to reimbursement for prescription drug expenses awarded.

Expenses not reimbursed at the pharmacy.

I bought more medicines although I still had medicines left. Why?

I bought more medicines because I will be travelling abroad.

To which country will you travel? _____

Date of departure from Finland _____

Date of return to Finland _____

Is the purpose of the journey to work in another EU or EEA country, Switzerland, Great Britain or Northern Ireland?

- No
 Yes

I am resident abroad.

Date of arrival in Finland _____

Date of departure from Finland _____

I purchased medicines

- because I fell acutely ill while in Finland
 because I came to Finland in order to seek medical care here on the basis of a prior authorisation issued by another country (S2/E112)
 because of some other reason. Please specify.

Some other reason. Please specify.

Have you received or claimed reimbursement for the prescription drug expenses stated in the claim from some other source?

- Yes
- from Kela, in the form of basic social assistance
 - from an insurance company
 - from some other source. Please specify. _____

No



4. Supporting documents

- i** If necessary, make copies of the enclosed documents, for instance, for the insurance company, before sending them to Kela.

Maximum annual limit on out-of-pocket prescription drug expenses exceeded.

- Information on medicine purchases, e.g. cash receipts from the pharmacy, or state the dates of purchase under section 5 Additional information.

New entitlement to reimbursement for prescription drug expenses awarded.

If you received reimbursement for the purchase at the pharmacy

- Information on medicine purchases, e.g. cash receipts from the pharmacy, or state the dates of purchase under section 5 Additional information.

If you did not receive reimbursement for the purchase at the pharmacy

- Calculation from the pharmacy of the medicine purchase.

Expenses not reimbursed at the pharmacy.

- Calculation from the pharmacy of the medicine purchase.

If you are resident abroad, you must also enclose a copy of both sides of the European Health Insurance Card in addition to the calculation. If you are resident in a Nordic country, you can enclose a copy of your passport or your ID instead of the European Health Insurance Card. If you are resident in Great Britain or Northern Ireland, you can enclose a copy of a certificate on entitlement to medical care issued by Great Britain or Northern Ireland instead of the European Health Insurance Card. If you have come to Finland in order to seek medical care here on the basis of a prior authorisation issued by another country (S2/E112), you must enclose a copy of the prior authorisation in addition to the calculation.

In addition to the calculation from the pharmacy I enclose

- a copy of the European Health Insurance Card
 a copy of my passport or ID
 a copy of a certificate on entitlement to medical care issued by Great Britain or Northern Ireland
 a copy of the prior authorisation to seek medical care (S2/E112).

I have received or claimed reimbursement for the prescription drug expenses stated in the claim from a source other than Kela.

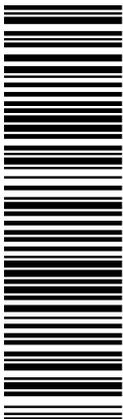
- Copy of, for instance, the decision on reimbursement from the insurance company.

Other document

- Please specify.

5. Additional information

- i** Write the number of the section you are referring to.



6. Signature

I declare that the information I have given above is true and accurate.

Place and date

Signature, printed name and phone number of the claimant, his/her legal guardian or representative, close relative or other person with main responsibility for the welfare of the claimant

7. Power of attorney

I hereby authorise the person or company named below to receive the reimbursement due to me.

Name and personal identity code of the authorised person or name and business ID of the authorised company

Address of the authorised person or company

Postal code

Postal district

Bank account number of the authorised person or company

Name and telephone number of the company's representative

Place and date

Signature and printed name of the claimant or his/her legal guardian or representative

Information obtained for the purpose of deciding the present matter may be used for other benefit determinations, if so required under law. Any information obtained within the context of another benefit may also be used to decide the present matter.

Please contact us for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.

