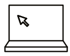
Kela

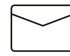
Claim
Medical care expenses incurred abroad

SV 128e


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

More information is available at www.kela.fi/medical-treatment-in-international-situations-medical-treatment-abroad

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
Centre for International Affairs
PL 78
00381 Helsinki

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

When to claim: A claim must be submitted within 6 months of the expense.

1. Claimant (patient)

Personal identity code | Family name and given name

Telephone | E-mail

ⓘ Kela retrieves address data from the population data system. If you are living abroad, please state your address at section 9 (Additional information).

2. Bank account number

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

3. Medical treatment abroad

ⓘ Kela provides reimbursement for medical treatment given in another EU or EEA country, Switzerland, Great Britain or Northern Ireland.

☐ I received treatment for an acute illness while staying temporarily in another Nordic country.
Kela always reimburses the expenses in accordance with the legislation of the country in which you received the treatment.

☐ I received treatment for an acute illness while staying temporarily in an EU or EEA country, Switzerland, Great Britain or Northern Ireland. Tick one of the following alternatives. If you do not tick any of the alternatives, Kela will reimburse the expenses in accordance with the Finnish legislation.

- ☐ I wish to claim reimbursement under the Finnish legislation.
  In this case, Kela reimburses the expenses up to a maximum amount that corresponds to the costs for equivalent treatment in the Finnish public healthcare system.
- ☐ I wish to claim reimbursement under the legislation of the country where the treatment was provided.
  In this case, Kela will ask the country in question to specify the amount of the reimbursement.

☐ I travelled, on my own initiative (without prior authorisation for planned treatment), to seek treatment in another EU/EEA country or Switzerland.

- ☐ I have received a prior information notice from Kela on the reimbursement of the medical treatment abroad.

☐ I travelled to seek treatment in another EU or EEA country, Switzerland, Great Britain or Northern Ireland with prior authorisation from Kela.

4. Incurred expenses

The expenses were caused by

☐ a traffic accident

☐ an accident at work or an occupational disease

☐ some other reason.

Have you received or claimed reimbursement from some other source besides Kela?

☐ No

☐ Yes; please indicate the source. ____________________

Why did you need to have treatment abroad?

☐ a sudden illness or a sudden attack of illness

☐ an accident

☐ treatment related to pregnancy or childbirth

☐ treatment related to a pre-existing illness

☐ some other reason, please specify: ____________________

Please describe the situation and what happened (e.g. your symptoms and the course of events). If the treatment was related to pregnancy or to a pre-existing illness, please state why it was necessary for you to have medical treatment abroad.

5. Expenses for medical treatment

In which country were the expenses incurred and in which currency did you pay them?

Visit to a doctor

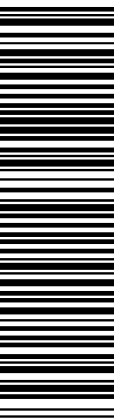
Treatment provider

☐ General practitioner ☐ Specialist

Place of treatment ____________________

Details of the examinations made and the treatment provided

Date	Examination or treatment	Price



Visit to a dentist

Treatment provider

☐ Dentist ☐ Specialist dentist

Place of treatment ______________________________

Details of the examinations made and the treatment provided

Date	Examination or treatment	Price

Details of prescription medication

1. Name of the medicine		Package size
Date of purchase	Strength	Price
2. Name of the medicine		Package size
Date of purchase	Strength	Price
3. Name of the medicine		Package size
Date of purchase	Strength	Price

6. Treatment-related travel expenses

Date of travel	Starting point and destination of the route (state the name of the treatment provider). Write outward and return trips on separate lines.	Means of transport	Price of travel

7. Treatment-related accommodation expenses

☐ Claimant (patient) ☐ Personal attendant

Date(s) of overnight stay

Costs

Reason for overnight stay

8. Enclosures

ⓘ Enclose a copy of receipts, prescriptions and a statement detailing the treatment you received.
If you travelled to seek treatment on your own initiative, you should also enclose a copy of the doctor's referral to examination, treatment or a specialist.

☐ Receipts

☐ Prescription

☐ Details on the treatment provided

☐ Referral to examination, treatment or a specialist

☐ Other document(s), please specify: ____________________

9. Additional information

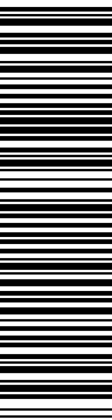
ⓘ Write the number of the section you are referring to.

☐ Additional information on a separate sheet. Write your name and personal identity code on the sheet.

10. Signature

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

Place and date Signature



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

Please contact Kela 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.