



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 application and any supporting documents by mail. The address is

Social Insurance Institution
Centre for International Affairs
PL 78
FI-00381 Helsinki
FINLAND

- i** The authorisation to obtain treatment outside the country of residence is functionally equivalent to a voucher. If you are granted the authorisation, you will only be charged whatever user fees may apply at the place of treatment.

Application processing time: The processing time is 3-6 weeks because we must obtain a statement from the public health care provider in order to deal with the application.

1. Applicant (patient)

Personal identity code Family name and given name

Telephone

E-mail

- i** Kela retrieves address data from the population data system. If you are living abroad, state your address at section 7 (Additional information).

2. Need for treatment

The need for treatment is due to

- illness
 pregnancy or childbirth

- i** If you selected either of these options, please move on to section 3.

- an accident at work or occupational disease. You must first contact the Federation of Accident Insurance Institutions (Tapaturmavakuutusten liitto - TVL) or your insurance provider.
 a traffic accident. You must first contact your insurance provider.

- i** In the latter two cases, your application is handled in the first place by the Federation of Accident Insurance Institutions or your insurance provider. If either of them has informed you that it is not able to deal with your application, please continue at section 3.

3. Seeking treatment abroad

Why do you want to obtain treatment abroad? You can provide further details at section 7.

What kind of treatment are you seeking abroad and for what illness?

4. Country providing the treatment and time of treatment

In which country do you want to obtain treatment?

Do you want to obtain treatment at a certain care facility?

- No
- Yes. Please fill in the following information.

Town/region: _____

Care facility and possible contact details:

Have you already agreed on a time for the treatment with the provider?

- Yes. Time of treatment: _____
- No. When do you want to receive treatment? _____

5. Consultation with a healthcare representative in Finland

Have you consulted a public healthcare provider in Finland regarding the treatment for which you are applying?

- No
- Yes. What public healthcare provider have you consulted?
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Have you, in Finland, availed yourself of your right to choose another healthcare provider as your caregiver than the public healthcare provider in your home municipality?

- No
- Yes. What public healthcare provider have you chosen?
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6. Enclosures

Enclose with your application a medical certificate or other documentation such as a copy of the record of treatment. The medical certificate or record of treatment must concern the illness for which you are seeking treatment.

- The required document is enclosed with this application.
- I will present the required document by _____
- The required document has already been submitted to Kela. When? _____

7. Additional information

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

8. Signature

I declare that the information I have given is true and accurate. I will notify any changes.

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.

