



Additional information:
www.kela.fi/medical-treatment-in-international-situations-seeking-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 application and any supporting documents by mail. The address is

Kela
Centre for International Affairs
PO Box 78
FI-00381 Helsinki

- i** 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.
A prior information notice from Kela on reimbursement of medical care abroad is not to be considered a payment voucher. The reimbursement to be paid is always determined on the basis of the medical care provided.

Application processing time: The processing time is 4-8 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

Phone number

- i** Kela obtains address information from the population data system. If you are living abroad, state your address at section 6 (Additional information).

2. Need for treatment

Indicate the reason for the need of medical care.

- Illness
 Pregnancy or childbirth

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

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

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

Which type of treatment are you seeking abroad? You can provide further details at section 6.

4. Country providing the treatment and time of treatment

In which country do you intend to obtain treatment?

Name of the doctor providing treatment

Place of treatment and contact details

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

Yes. Time for the treatment: _____

No

5. Enclosures

① Enclose a statement from the doctor that provides the treatment abroad detailing the treatment provided and a copy of the referral, if a referral is needed for equivalent treatment in Finland. Also enclose an estimate of the costs for the treatment, if known to you.

Statement on treatment provided

Estimate of the costs for the treatment

Referral

6. Additional information

① 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.

7. 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. 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.

