



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

More information is available at [www.kela.fi/travel-costs](http://www.kela.fi/travel-costs)



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

We may contact you for further information if necessary.

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



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

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

**When to claim:** Within six months of the trip or the payment.

### 1. Claimant (patient or rehabilitation client)

Personal identity code

Family name and given name

Telephone

E-mail

Name and telephone number of personal attendant

**i** Kela obtains the address data from the population data system.

### 2. Bank account number

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

**i** You can issue a power of attorney to authorise another person or the employer to receive the reimbursement due to you. Provide information about the authorised person or employer in section 10 Power of attorney.

### 3. Purpose of the travel

Illness, pregnancy or childbirth

Rehabilitation services provided through Kela

Traffic accident or industrial accident  
Enclose Kela's form SV 143e (Accident report).

Participation of a family member in the care of the patient or the rehabilitation of the rehabilitation client  
Enclose Kela's form SV 67 (Todistus – Matkakorvausta varten).

Other reason, please specify. \_\_\_\_\_

### 4. Choice of place of treatment

**i** Complete when necessary.

I have chosen the place of treatment based on the freedom to choose healthcare provider.

I have a payment voucher or service voucher from the wellbeing services county for medical care or rehabilitation.

Specify where you have received the payment voucher or service voucher.



