



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

You can track your out-of-pocket medicine expenses at  
[www.kela.fi/asiointi](http://www.kela.fi/asiointi) (in Finnish) or  
[www.fpa.fi/etjanst](http://www.fpa.fi/etjanst) (in Swedish).



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



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

We may contact you for further information if necessary.  
You can send the claim and any supporting documents  
by mail [www.kela.fi/by-mail](http://www.kela.fi/by-mail)



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 (see the form for instructions).

## 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



Person for whom the medicines have been prescribed

Personal identity code

Family name and given name

Telephone

E-mail



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. Account number



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



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 account number in section 7. Power of attorney.

### 3. Claim

- 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.

- 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.

Country of destination \_\_\_\_\_

Date of departure from Finland \_\_\_\_\_.\_\_\_\_\_.

Date of return to Finland \_\_\_\_\_.\_\_\_\_\_.

The purpose of the journey is to work in another EU/EEA country or in Switzerland.

- No  
 Yes

I am resident abroad and Finland is not responsible for my medical care costs.

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  
 because of some other reason. Please specify.

Some other reason. Please specify.

**I have received or claimed reimbursement for the prescription drug expenses stated in the claim**

from Kela, in the form of basic social assistance

from an insurance company

from some other source. Please specify. \_\_\_\_\_

**I have not received or claimed any other reimbursement for the prescription drug expenses stated in the claim.**



## 4. Supporting documents

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**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.

Information on medicine purchases, e.g. cash receipts from the pharmacy, or state the dates of purchase under section 5. Additional information if basic reimbursement has been obtained at the pharmacy.

Calculation from the pharmacy of the medicine purchase if reimbursement has not been obtained for the purchase at the pharmacy.

### Expenses not directly reimbursed at the pharmacy.

Calculation from the pharmacy of the medicine purchase

If you are resident abroad and Finland is not responsible for your medical care costs:  
In addition to the calculation, also enclose a copy of

both sides of the European Health Insurance Card, or

your ID, if you are resident in a Nordic country, or

your passport, if you are resident in the United Kingdom of Great Britain and Northern Ireland.

### You 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

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**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.

