



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

More information is available at www.kela.fi/web/en/travel-costs



If you have questions, please call our customer service number 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

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 6 months of the trip or the payment

1. Claimant (patient/rehabilitation client)

Personal identity code

Family name and given name

Telephone

E-mail

Municipality of permanent residence

Name and telephone number of personal attendant

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

2. 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/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 service voucher for medical care/rehabilitation.

I have a payment voucher or permission to use an outsourced service for medical care/rehabilitation.

Please specify from where you have received the payment voucher or permission to use an outsourced service.

6. Expenses for overnight accommodation

i You may be entitled to an accommodation allowance if you have to stay overnight because of an examination, treatment or traffic conditions. Please provide reasons for the overnight accommodation under section 8. Additional information. Keep the receipt for 6 months as Kela can request it, if needed.

Person staying overnight	Dates for overnight stay	Expenses for overnight accommodation
<input type="checkbox"/> Claimant (patient/rehabilitation client)	_____	_____
<input type="checkbox"/> Personal attendant	_____	_____
<input type="checkbox"/> Family member travelling separately	_____	_____

7. Enclosures

- Kela's form SV 67 (Todistus matkakorvausta varten) or other equivalent verification
- I have already filed a certificate on the need for a special means of transport that is valid for a specific time period or for an unspecified period of time.
- Receipt/receipts for travel expenses due to use of a special means of transport _____ receipts
- Kela's form SV 143e (Accident report)

Other document

Please specify: _____

8. Additional information – Write the number of the section you are referring to.

9. Signature

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

Place and date

Signature, printed name and telephone number of the claimant, his/her legal guardian or representative, close relative or other person with main responsibility for the welfare of the claimant

10. Power of attorney

I hereby authorise the person or employer named below to collect any reimbursement awarded to me.

Name and personal identity code of the authorised person or name and business ID of the authorised employer

Address of the authorised person or employer

Postal code

Postal district

Bank account number of the authorised person or company

Name and telephone number of the employer'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-related matters, 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.

When necessary, Kela can contact the healthcare provider to check the dates of the visits or other facts related to the visits.