

11.03.2014

Staying in Finland: Visitor entitlements under European Health Insurance Card - Outline of Finnish health care system

Health care in Finland is mainly provided on the basis of residence and is primarily financed with general tax revenues. There are both public- and private-sector providers. Primary health care services are the responsibility of municipalities and are generally provided through local health centres. In the Åland Islands the province of Åland is responsible for organising the health care services. Each municipality has a health centre, with the exception of some small municipalities, which may share resources with a neighbouring municipality. The health centres provide residents with physician, dental, laboratory and radiographic services. The municipalities own and operate almost all of the hospitals. In addition there are a few private hospitals.

Private-sector services, which mainly provide out-patient care, complement the public services. The private sector also comprises a few hospitals, rehabilitation facilities as well as all pharmacies with the exception of those operating in conjunction with a general hospital. Patients who use private-sector services pay the entire cost of the service to the provider, after which they can apply for reimbursement from Kansaneläkelaitos/Folkpensionsanstalten (Kela/FPA) under the Health Insurance Act. This point is addressed in more detail at section 6 below.

The following is a short description of how EU visitors can receive medical benefits during a temporary stay in Finland (situation as in February 2013).

In the case of emergency, the number to call is 112.

1. Where to get information

Information on how to receive necessary medical benefits in Finland is available on the Internet www.stm.fi or <http://www.kunnat.net>-> *sosiaali ja terveys* or from the local offices of Kansaneläkelaitos / Folkpensionsanstalten (the latter name is the Swedish equivalent; as Finland has two official languages; the Swedish name is used exclusively in certain regions). A widely used Finnish acronym is Kela, while FPA is used in the Swedish-speaking and bilingual communities.

2. How to find a doctor

Patients can contact a municipal health centre, where health-care professionals will assess the need for medical care according to national instructions and treatment practices. Patients have to prove their right to benefits by presenting a valid European Health Insurance Card. Patients may be asked to prove their identity with the passport or other travel document. Some health centre services are by law free of charge, but the health centres may charge for certain services. This varies from one municipality to another. For a visit to a doctor (including laboratory and X-ray services), the health centre usually charges EUR 14,70 – 29,30. Persons under 18 are not charged this fee.

POSTIOSOITE

PL 78
00381 Helsinki
Puhelin 020 434 11
Faksi 020 434 3829

KÄYNTIOSOITE

Höyläämötie 1 a B
00380 Helsinki
etunimi.sukunimi@kela.fi

1 (5)

Patients can also contact private physicians, in which case they pay the full fee. Please see section 6 for information on reimbursements of doctors' fees.

3. How to find a dentist

In the event of an urgent need of treatment, patients can contact the dentist on call at the local health centre. A valid European Health Insurance Card must be presented. Patients may be asked to prove their identity with the passport or other travel document. The health centre will charge the patient the relevant co-payments (cost-sharing by the patient) according to a fixed scale of charges (usually less than EUR 80). Persons under age 18 receive dental services free of charge. It should be noted that not all health centres maintain a 24-hour dental service.

Patients can also contact private dentists, in which case they pay the full fee. For reimbursement, see section 6.

4. How to get medication

Patients can obtain the medication prescribed by a doctor or dentist from any pharmacy. The full price of the medicine must be paid at the pharmacy. The patient gets a receipt, which can be used to obtain a reimbursement (details in section 6).

5. How to get hospital treatment

Hospitals require a referral from a physician in order to admit a patient. However, in emergencies patients can contact a hospital directly. A valid European Health Insurance Card must be presented in order to get the medical benefits to which residents are entitled in a public hospital. Patients may be asked to present their passport or other travel document as proof of identity. The charge for hospital bed-day inpatient care is EUR 34,80. Persons under age 18 need not pay the daily charge for more than seven days within a calendar year. The charge for hospital out-patient care is EUR 29,30. The charge for day surgery is EUR 96,40.

If a person is admitted into a private hospital, the patient must pay all costs, but a reimbursement can be claimed from a local office of Kela/FPA. It should be noted that no reimbursement is awarded in respect of the basic daily charge. For more information on reimbursements, see the following section.

6. How to get reimbursements in Finland

If services are obtained from a private doctor or dentist, the patient must at first pay the full fee charged. If the fee is paid directly to the doctor or dentist (i.e., not to a bank account), the patient gets an itemized and receipted statement of fees. Otherwise the receipt that the patient obtains when paying the fee must be attached to the fee statement when claiming a reimbursement. The doctor may refer the patient to a private clinic for examinations such as laboratory tests or X-rays, in which case the patient pays the full charge for the examinations and gets a receipt.

The patient should then bring or post the receipts, the statements, the valid European Health Insurance

Card form and any other relevant documents to a local office of Kela/FPA. The office addresses can be found in the phone book or on the Internet at www.kela.fi. The patient may be asked to present his/her passport or other travel document as proof of identity at the local office of Kela/FPA. There is an application on the reverse side of the doctor's statement of fees which the patient must complete, or at least write down his/her permanent address and the current date, as well as provide information about his/her bank account (name of the bank, its address and SWIFT code, account number including IBAN/BIC), and then sign the application. It is also possible to send the documents along with the copy of the European Health Insurance Card by post to the local Kela/FPA office.

- Kela/FPA will pay the reimbursement into a bank account.
- Reimbursement must be claimed within six months of the original expenditure.
- No reimbursement is awarded for the co-payments charged by public health care providers.

Kela/FPA will pay a reimbursement according to the following rules. The applicable tariffs can be found on Kela's [website](#) (in Finnish).

- Doctor's fees

Kela reimburses part of the private doctor's fees according to [a schedule of fixed charges](#) (in Finnish).

The reimbursable fee specified in [schedule of fixed charges](#) is often smaller than the fee actually charged by the doctor.

- Dental care

Reimbursements are available for the cost of dental and oral treatment provided by a dentist in private practice, treatment provided by dental hygienist on a dentist's referral, the cost of laboratory and radiology tests prescribed by a dentist, and the cost of travel required to obtain dental treatment.

Kela reimburses private dentists' fees according to [a schedule of fixed charges](#) (in Finnish). Costs for oral and dental examinations can be reimbursed once per calendar year.

Costs for laboratory and radiology tests prescribed by a dentist reimburses according to [a schedule of fixed charges](#) (in Finnish).

No reimbursement is available for the following items:

- dental care obtained from public-sector providers
- prosthetic procedures such as the manufacture or repair of removable dentures
- dental crowns, bridges or implants (exception: front-veterans and mine clearance workers)
- the services of a dental technician (exception: front-veterans and mine clearance workers)
- orthodontic procedures (can be reimbursed under special circumstances)
- periods in which you are being treated in a public hospital or institution.

- Examination and treatment charges

The costs of examinations and treatments prescribed by a doctor in private practice reimburses according to [a schedule of fixed charges](#) (in Finnish).

The reimbursable fee specified in the schedule of fixed charges is often smaller than the fee actually charged by the doctor.

Reimbursements are available for examinations and treatments to which you are referred to by a private doctor. These include

- laboratory and radiology tests
- psychological evaluations
- medical treatment
- chemotherapy
- physical therapy.

The treatment must be medically necessary and provided within 12 months of when the doctor gave you the referral. If your doctor refers you to a series of treatments, you can be reimbursed for up to 15 sessions.

- Medicine expenses

The cost of drugs prescribed for use in the treatment of an illness is reimbursed in full or in part. The basic rate of reimbursement applies to the majority of drugs, which means that the reimbursement is 35% of the costs of the reimbursable product prescribed by a doctor. In severe and long-term diseases a number of listed drugs qualify for reimbursements of 65% of the costs or for reimbursements of 100% of the costs exceeding EUR 3 per drug. If the drug belongs to the reference price system the reimbursement price for the drug is the reference price. The excess of the reference is paid by the patient. If the patient's own costs for reimbursable drugs during one calendar year exceed EUR 610 the excess of EUR 1.50 per drug is reimbursed. No reimbursements are available for non-prescription medicines or for certain pharmaceuticals withdrawn from the reimbursement scheme.

- Travel costs

Travel costs incurred while seeking treatment (from the nearest provider) are reimbursed. If an ambulance has been used, a medical certificate providing the need for special transportation must be presented. The patient's co-payment is EUR 14,25 per one-way trip. Exceeding costs are reimbursed. Kela tracks patients annual out-of-pocket travel costs. Once the patient reaches the maximum limit of EUR 242,25 he/she will receive a card stating that he/she has reached the out-of-pocket maximum. By presenting the card to the driver, the patient can travel free of charge if the transport provider has a contract with Kela. If the patient pays for the trip, he/she can claim reimbursement from Kela afterwards.

7. Certain treatments must be pre-arranged before arriving in Finland

If you need dialysis or oxygen therapy during your stay in Finland, you or your health care institution must arrange the treatment with a relevant hospital before coming to Finland. Hospital contact information is available on the Internet (<http://www.kunnat.net/fi/Yhteystiedot/kunta-alan-yhteystiedot/shp/Sivut/default.aspx>). Most but not all hospitals on the list provide oxygen therapy and dialysis. If the hospital does not provide such service, it can inform you where treatment is available.