



Please send this form to:

Helfo
Postboks 2415
3104 Tønsberg
NORWAY

Application for prior authorisation (S2) or prior notification of planned treatment in an EEA country or Switzerland

Applies to patients entitled to necessary healthcare in the specialist health service, or patients who have not received necessary healthcare in Norway within a medically justifiable time.

Visit helsenorge.no for more information about prior notification or prior authorisation (S2) and funding of planned treatment outside Norway. It is quicker to send [this form](#) in electronically.

1. Details of applicant

National ID no. (11 digits)	First name, last name
Telephone no.	Postal address
Country	Postal code, town/city
Nationality	Municipality of residence at time of treatment

2. Connection to the country in which treatment was provided

How many weeks a year do you spend in the country of treatment (estimate)?

This year:

Last year:

YES NO

Are you employed or self-employed in Norway?

Are you receiving welfare benefits such as sick pay, unemployment benefit, parental benefit or work assessment allowance from Norway?

Are you receiving an old age pension or disability pension from Norway?

Are you employed or self-employed in another EEA country?

If yes, which?

Are you studying in another EEA country?

If yes, which?

Do you have a spouse or partner in the country of treatment?

Do you have any children under the age of 18 in the country of treatment?

Do you have housing in the country of treatment?

3. Reason for wanting treatment abroad

	I want treatment abroad that does not exist in Norway, or is more effective*
	I want treatment in another EU/EEA-country that is equivalent to the treatment I could have received/have been offered in Norway
	I want treatment in another EU/EEA-country or Switzerland because I have not received treatment within a medically justifiable time in Norway

*You must send an application to the foreign office at your regional health authority

4. Details of medical condition, diagnosis and treatment in Norway

You must enclose documentation; see Section 7.

What medical condition/diagnosis are you seeking treatment or investigation of?
What treatment or investigation have you been offered in Norway?

5. Details of treatment you are planning in another EEA country

You must enclose documentation; see Section 7.

Describe the treatment or investigation you are planning in another EEA country	
Name of healthcare institution/medical specialist	
Address of healthcare institution/medical specialist	Country

6. Other relevant information about your state of health

Any other health data which might be of relevance to the healthcare you will be receiving:
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7.Required documentation to support your application

Enclosed (tick each to confirm):	Supporting documentation	Enclosure no.
	Confirmation from the specialist health service of your entitlement to necessary specialist healthcare (investigation or treatment)	
	Offer of investigation and/or treatment abroad	
	Referral letter to the specialist health service from Norwegian health professional	
	Summary patient care record and/or discharge summary	
	Description of any X-ray examinations	
	Treatment plan/description of planned treatment in Norway	
	Other relevant documentation. Briefly describe any other relevant documentation you are enclosing:	

In order for Helfo to consider the claim and reach a decision, the documentation must be comprehensible. This means that all documentation must initially be in Norwegian, Danish, Swedish or English. You should therefore try to get the documentation issued in one of these languages. If the documents are in another language, Helfo can, if necessary, ask you to have them translated. You must pay for the translation yourself. If you send in a translated document, you must also send in the original.

8. Travel expenses

Do you wish to apply for Patient Travel to cover travel expenses?

Yes

No

9. Consent and signature

<p>I give my consent for my application and supporting documentation to be transmitted to the specialist health service if Helfo requires assistance in determining my entitlement to prior authorisation and the amount of any reimbursement for my planned treatment.</p> <p>I also give my consent for units within the specialist health service or the hospital I have received healthcare from to disclose relevant health data on me to Helfo if this is necessary for processing my claim. In signing this form, I consent to procurement and use of my health data; see the Norwegian Health Registry Act and Personal Data Protection Act.</p>	
<p>I confirm that the information in the form is accurate and complete. I agree to notify Helfo if my circumstances change.</p>	
<p>Date and place</p>	<p>Signature (of guardian for children under age 16)</p>

If you do not give your consent for exchange of information between Helfo and the specialist health service, Helfo may not be able to process your application because it is not supported by sufficient medical information.