



Please send this form to:

Helfo
Postboks 2415
3104 Tønsberg
NORWAY

Application for ordinary subsidisation of healthcare abroad

This form is used for applying for coverage of expenses on healthcare outside the EEA, with certain exceptions. See the guidelines for more information. If you are applying for several people, you must complete a form for each person.

Visit helsenorge.no for more information, or contact us on +47 23 32 70 00.

PLEASE ONLY USE PAPER CLIPS ON RECEIPTS

Helfo must have received the application within 6 months from when the healthcare was received. You must enclose original receipts and documentation as proof of bills paid.

Information about the type of healthcare received must be provided in Attachments 1 and/or 2.

1. Personal data on the healthcare recipient

First name, last name	National ID no. (11 digits)	
Postal address abroad	Country	
	Min. state pension YES NO	
Account number	Account holder's name	
Bank Name (in the case of an International Account)	IBAN (15-31 characters)	
Bank Address (in the case of an International Account without IBAN)	SWIFT/BIC (in the case of an International Account)	

2. Expenses covered elsewhere

Have you applied for or received coverage for expenses elsewhere (for example, through an insurance company or student insurance)?	YES	NO
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3. To be completed if the person in Section 1 is a child under the age of 16

Father's/guardian's last name, first name	National ID no. (11 digits)	Nationality
Mother's/guardian's last name, first name	National ID no. (11 digits)	Nationality

4. Signature

Place, date	Claimant's signature (parent/guardian for children under the age of 16)
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Subsidised healthcare expenses

You are entitled to subsidised coverage of necessary healthcare expenses on illness and childbirth. The expenses are reimbursable subject to certain conditions and at the rates in Section 5-24 of the Norwegian Health Insurance Act. Bills must itemise each type of treatment, tests etc. carried out. The following are eligible expenses:

- hospitalisation
- medical care, X-rays, laboratory tests, physiotherapy etc.
- medication, medical consumables and medical foods

The form also applies to healthcare services received in these countries

Bulgaria, Cyprus, Czech Republic, Estonia, Greece, Hungary, Italy, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, and Slovenia.

Attachment 1:

Itemisation of healthcare expenses

You must itemise each expense you are applying coverage for. Enclose original receipts to validate your claim. You must number your enclosures.

For Helfo to be able to consider your application, it is important to complete the table below as follows:

- enter the enclosure number
- itemise the expenses you are claiming coverage for
- state the diagnosis or reason for the medical care
- state the expenses you have paid and the amount you are claiming for

Encl. no.	Expense type (hospitalisation, medication, medical care, travel etc.)	Diagnosis	Bill total	Reimbursement amount applied

Attachment 2:

Itemisation of expenses on medication, medical consumables and medical foods

Helfo may in certain cases cover expenses pursuant to Section 5-14 or Section 5-22 of the Norwegian National Insurance Act. Expenses on medication which in Norway would be issued on a "blue prescription", or which is equivalent to foreign medication, are reimbursed by Helfo subject to certain rules. Medication that is not issued on a "blue prescription" is not generally reimbursable.

You must enclose a copy of your prescription(s). If possible, enclose the medication packaging to facilitate Helfos comparison with reimbursable medication in Norway.

Because medication abroad may be named differently than in Norway, you must complete the table below.

	Medication, medical food, medical consumable	Diagnosis/ medical condition	Active ingredient	How long have you been using the medication/ product?	Equivalent used in Norway? If yes, name of medication/product?
E.g.	SOTALEX 1.	Angina pectoris	Chlorhydrate de Sotalol	2 years	SOTACOR
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Any supplementary information you would like to provide:

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