



Please send this form to:

Helfo  
Postboks 2415  
3104 Tønsberg  
NORWAY

# Application for reimbursement of healthcare services received in an EEA country/ Switzerland

You must use a separate form if claiming for infertility treatment, dental treatment or travel and living expenses. See [helsenorge.no](https://helsenorge.no) for more information about treatment abroad.

**PLEASE ONLY USE PAPER CLIPS ON RECEIPTS.**

You must complete all sections of this form. If the treatment was received in Switzerland, you need only complete sections 1, 3, 6 and 11.

Please See "Information on non-planned treatment" on the last page.

## 1. Personal details

National ID no. (11 digits)	First name, last name
Telephone number	Postal address*
Postal code, town/city and country*	Municipality of residence at time of treatment
Nationality	Bank account number
Do you have a minimum pension?	
	Yes No
Is the application related to an approved occupational injury or illness?	
	Yes No

## 2. Tick to indicate which healthcare you received

Hospitalisation

Medication

Medical care

Laboratory tests

Physiotherapy

X-rays

Ambulance

Nursing and care services

If other (please describe below):

### 3. 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:

YES NO

Last year:

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?

### 4. Need for treatment

Did you plan this treatment before travelling abroad?	Yes	No
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If not, what type of healthcare institution abroad did you first contact for medical care (for example, a general practitioner, emergency room, hospital)?

Did the need for treatment occur before travelling abroad?	Yes	No
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Have you been assessed by the Norwegian public health service for the same health condition? If yes, please enclose documentation.	Yes	No
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Are you already receiving treatment in Norway?*	Yes	No
If yes: State how many treatments do you receive per week in Norway: Approximately state how long the treatments in Norway last in minutes:		

\*Applies only to treatment by a physiotherapist, manual therapist, chiropractor and psychologist.

## 5. Referral

If you have several referrals, please submit all of them.

Did you have a referral for the treatment?	Yes	No
Was the referral made by a healthcare professional in Norway?	Yes	No
Was the referral made by a healthcare professional abroad?	Yes	No

## 6. Details of healthcare provider and the treatment you are applying for

Name of healthcare institution(s)		
Address		Country
Did you use your European Health Insurance Card?		Yes No
Did you pay the full amount? If you have a European Health Insurance Card you will not be reimbursed your user fees. This also includes user fees paid in hospitals.		Yes No
Have you applied reimbursement of expenses, or had such expenses reimbursed elsewhere (for example, through student insurance, through an insurer or a Norwegian hospital scheme that arranges for treatment abroad)?		Yes No

## 7. List of the healthcare you recieved

If Helfo are to consider your expences, they must be specified here.

Date	Details of treatment	Amount paid in local currency
Total		

## 8. Any other information

Any other health data which might be of relevance to the healthcare you have received:

## 9. Documentation

All documentation must be in Norwegian, Danish, Swedish or English. For more information on this, see general information on the last page.

Enclosed	Required documentation to support your application	Enclosure no.
	Referral letter. (Not required for emergency medical care, from a general practitioner, for manual therapy, chiropractic therapy or physical therapy. If your application concerns emergency healthcare without a referral, this must be clearly evident from your enclosed discharge summary.)	
	A copy of the treatment provider's licence to practice or specialist authorisation from the country of treatment (only for non-hospital treatment).	
	Relevant summary patient care record/discharge summary from specialist healthcare provider (only for treatment at a hospital or from a specialist.)	
	For expenses on medication: prescription, pharmacy receipt and packaging or copy of the packaging stating the active ingredient(s).	
	For laboratory tests: requisition and documentation of the types of tests done.	
	For scans/X-rays: requisition.	
	Original itemised bills.	
	Original itemised receipt or other proof of payment such as a bank statement.	
<b>The following documentation must be enclosed if relevant for your application</b>		
	For treatment at a hospital or from a specialist: If you have been assessed by the Norwegian specialist health service for your medical condition, enclose a copy of the assessment.	
	The letter confirming your entitlement to treatment within the specialist healthcare or the letter advising you of the date of your appointment.	
	If the treatment is for an occupational injury: NAV decision confirming your occupational injury/illness	
	Other documentation you believe to be relevant for your application.	

## 10. For treatment at a hospital or outpatient clinic

Did you receive prior notification from Helfo?	Yes	No
I give my consent for my application and supporting documentation to be transmitted to the specialist healthcare if Helfo requires assistance in determining my entitlement to reimbursement and the amount of any reimbursement.		
I also give my consent for Helfo, the Norwegian specialist health service and regional health authority units to exchange relevant health data on me or the status of other claims if 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.		

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

## 11. Travel expenses

Do you wish to apply for Patient Travel to cover travel expenses? Yes No

## 12. Signature

I confirm that the information in the form is accurate and complete. I agree to notify Helfo if my circumstances change.	
Date and place	Signature (of guardian for children under age 16)

## Information on the translation requirement

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.

## Information on non-planned treatment

Helfo considers applications for reimbursement within the EEA according to various schemes and regulations. In most cases, there are strict requirements for documentation.

If you only have the original itemised invoice and proof of payment for healthcare received, Helfo will, however, in some cases be able to consider your application if it meets the following criteria:

- the need for the treatment arose during the stay abroad,
- you did not use your European Health Insurance Card,
- and the treatment was a medical necessity during your stay and was provided at a place of treatment under the public healthcare.

To apply under this scheme, which is governed by EU regulation no. 883/04 on the coordination of social security systems, Helfo will send your application to the health insurance authorities in the country of treatment. They decide if you are entitled to reimbursement and, if so, the amount. If there is any user fee payable for the treatment, you must pay this. User fees are not covered by the Norwegian exemption card scheme.

In such cases, you need only send in the original itemised invoice and proof of payment. This documentation does not need to be translated. The time taken to process your application varies from one country to the next, and may take a long time. Helfo receives the reply to your application from the country of treatment and makes the reimbursement to you.

If your application is for treatment in Switzerland, it will be considered solely in accordance with EU Regulation no. 883/04.

More information is available at [helsenorge.no](https://helsenorge.no) or by calling +47 23 32 70 00.