



Please send this form to:

Helfo

Postboks 2415
3104 Tønsberg
NORWAY

Application for reimbursement of the cost of dental treatment received in another EEA country

This scheme only applies to dental health services corresponding to dental treatments covered by the National Insurance Scheme.

You must send this form and documentation to Helfo within 6 months from the date of treatment. If you have not settled on the spot, but have received an invoice, we calculate the deadline from the invoice date instead of date of treatment. In this context, invoice means the first request for payment sent from the treatment provider.

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

PLEASE ONLY USE PAPER CLIPS ON RECEIPTS

1. Personal details

National ID no. (11 digits)	First name, last name
Telephone number	Postal address*
Postal code, town/city and county*	Municipality of residence at the time of treatment
Nationality	Bank account number
Landet du mottok helsehjelp i	
Tick here if you have a minimum pension	

*Helfo uses your Norwegian National Registry address.

Yes No

Do you get all or part of the dental treatment covered in Norway?

If yes, please state the reason why

Have you got a medical diagnosis that affects your dental health?

Do you have a condition that has been recognized as an occupational injury by Nav?

If yes, please state date for Nav's decision

2. Connection to the country in which treatment was provided

How 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?

3. Documentation enclosed

The following documentation must always be enclosed with an application of reimbursement of the cost of dental treatment. Some conditions require further documentation. See helsenorge.no. The enclosed documentation must be in English or an other scandinavian language.

PS: If you recieved orthodontic treatment, the form "Documentation for reimbursement of dental expenses incurred in another EEA-country (Helfo 05-24a.03)" must be filled out an enclosed with this application.

Printouts of your dentalrecords for the treatment in question	
X-rays taken before treatment (preferable jpeg-format if submitted on CD/memory stick)	
The original and specified invoice	
Original documentation including referrals, invoices and receipts to prove that the full amount has been paid	
The form "Documentation for reimbursement of dental expenses incurred inanother EEA-Country (form Helfo 05-24a.03)"	

4. Notes

5. Travel expenses

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

6. Signature

I confirm that the information in this 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)

Brief description of the scheme

- In Norway most adults must pay for their own dental treatment, but there are some groups and conditions which may have the right to receive reimbursement.
- With this reimbursement scheme, you as the patient must pay the full cost of any dental treatment received, and then subsequently apply to Helfo for reimbursement. Prior notification cannot be given for planned dental treatment abroad.
- 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.
- Note that there is a limit to reimbursement, equivalent to the estimated cost that the Norwegian health service would have incurred had you received the dental treatment in Norway.
- You must pay the same patient contribution as you would have paid if the treatment had been provided in Norway.
- For further details about the form see <https://www.helsenorge.no/en/treatment-abroad/dental-treatment-in-the-eu-eea/> or call +47 23 32 70 00.