



Please send this form to:

**Helfo**

Postboks2415  
3104 Tønsberg  
NORWAY

# Application for extended subsidisation of healthcare abroad

Use this form if you are a student or employee posted outside Norway to claim coverage of expenses on healthcare outside the EEA, with certain exceptions. See the guide on page 2 for more information. If you are claiming for several people, you must complete a form for each person.

Visit [helsenorge.no](https://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		Job title/occupation	National ID no. (11 digits)
Postal address abroad			Country
Account no.		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)	
Do you have personal income? YES NO	Monthly income (in NOK)		Time period income from until
Completed by student Loan from Lånekassen		YES NO	
Completed by seafarer Last vessel:	Employment on last vessel: from until		Validated as job-seeking starting:

## 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. Completed if person in Section 1 is a dependent spouse

Spouse's first name, last name	National ID no. (11 digits)	Nationality
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**4. Completed if person in Section 1 is a dependent child under age 16**

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

**5. Completed by the employer if the employer covers the expenses**

Employee was employed by us from                      until	Will the employee be payrolled by a Norwegian employer? YES                      NO
Employee worked for us overseas from                      until        until	Did the employer cover the expenses? YES                      NO
Employer no. (8/11 digits)	Stamp/signature
Place, date	

## 6. Signature

Place, date	Claimant's signature (parent/guardian for children under the age of 16)
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## Guide to the form

**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.

**If you are not funded by Lånekassen (Norwegian State Educational Loan Fund), you must enclose the following documentation**

- Study documentation issued by the educational institution. The documentation must clearly state that you are attending organised studies abroad, the period of your attendance at the educational institution and the scope of the studies (full-time/number of hours per week).
- If you are an exchange student: written confirmation from the university/college in Norway that the planned period of study abroad will be undertaken in connection with studies in Norway.

## Subsidised healthcare

You can claim subsidisation to cover expenses on certain healthcare services according to the same rules as apply in Norway. Expenses are covered pursuant to Section 5-24 of the Norwegian National Insurance Act. Bills must be itemised so as to clearly indicate what type of treatment, tests etc. you have incurred expenses for;

Eligible expenses:

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

For more information go to [helsenorge.no](http://helsenorge.no) or you can call +47 23 32 70 00.

## Attachment 1:

### Itemisation of healthcare expenses

You must itemise each expense you are applying coverage for. Original receipts must be enclosed, and must indicate what you have been treated for. You must number the enclosures and enter the numbers in the list below.

For Helfo to be able to consider your claim, it is important that:

- the diagnosis or reason for the medical care is stated
- the expenses have been paid and proof of payment is enclosed
- the expenses you are claiming coverage for are itemised

Encl. no.	Date healthcare received	Expense type (hospitalisation, medication*, medical care, travel etc.)	Diagnosis	Date of payment	Bill total	Reimbursement amount claimed

\*For expenses on medication, use both attachment 1 and 2

## Attachment 2:

### Itemisation of expenses on medication, medical consumables and medical foods

Certain expenses may be eligible pursuant to Section 5-14 or 5-22 of the Norwegian National Insurance Act according to the same rules as apply in Norway. Expenses on medication which in Norway would be issued on a "blue prescription", or equivalent foreign medication are also eligible. You must complete this attachment because medication abroad may be named differently than in Norway. Copies of prescriptions must be enclosed. If possible, enclose the medication packaging to facilitate Helfo's comparison with reimbursable medication in Norway.

	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	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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