

Please send this form to:

Helfo
 Postboks 2415
 3104 Tønsberg
 NORWAY

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

You must use a separate form if claiming for infertility treatment, dental treatment or travel and living expenses. See helsenorge.no for more information about treatment abroad.

It is quicker to send [this form](#) electronically.

PLEASE ONLY USE PAPER CLIPS ON RECEIPTS

If the treatment was received in Switzerland, you need only complete sections 1, 2, 5 and 10. 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

*Helfo uses your Norwegian National Registry address.

2. Connection to the country in which treatment was provided

How much of the year do you spend in the country of treatment (estimate)?

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 in the country of treatment?

Do you have housing in the country of treatment?

3. Referral

Did you have a referral for the treatment?	YES	NO
Were the referral made by a healthcare professional in Norway?	YES	NO
Was the referral made by a healthcare professional abroad?	YES	NO

4. Need for treatment

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

5. 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
Have you applied reimbursement of expenses, or had such expenses reimbursed elsewhere (for example, through an insurer or a Norwegian hospital scheme that arranges for treatment abroad)?			YES	NO

8. Documentation*

Tick each to confirm	Required documentation to support your application	Enclosure no.
	Referral letter. (Not required for emergency medical care, from a general practitioner, for manual therapy or chiropractic 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.	
	The following documentation must be enclosed if relevant for your application	
	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.	

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

9. For treatment at a hospital or outpatient clinic

Did you receive preapproval 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.

10. 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

All documentation must 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 may ask you to provide a state-authorized translation. You must pay for the translation yourself.

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 or by calling +47 23 32 70 00.