



More information is available at  
[www.kela.fi/medicalexpenses](http://www.kela.fi/medicalexpenses)



If you have questions, please call our customer  
service number [www.kela.fi/phone-numbers](http://www.kela.fi/phone-numbers)



Please make sure to complete the claim carefully. Attach  
all necessary documentation.

We may contact you for further information if necessary.

Please send the claim and any supporting documents to:

Social Insurance Institution  
Centre for International Affairs  
PL 78  
FI-00381 Helsinki  
FINLAND

**When to claim:** A claim must be submitted within 6 months of the expense.

### 1. Claimant (patient)

Personal identity code

Family name and given name

Telephone

E-mail

**i** Kela retrieves address data from the population data system. If you are living abroad, please state your address at section 9 (Additional information).

### 2. Account number

**i** If you have an account with a foreign bank, state the BIC code of your bank.

### 3. Medical treatment abroad

- I fell ill suddenly during a temporary stay in one of the Nordic countries.  
Expenses are always reimbursed under the legislation of the country in which you received the treatment.
- I fell ill suddenly during a temporary stay in another EU/EEA country or Switzerland. Please tick one of the options below. If you do not tick one of these options, your expenses will be reimbursed under Finnish legislation (the Act on Cross-Border Healthcare).
- I wish to claim reimbursement under Finnish legislation.  
Expenses are reimbursed up to the amount that the treatment would have cost if provided, in a similar situation, within the Finnish public healthcare system (the Act on Cross-Border Healthcare).
- I wish to claim reimbursement under the legislation of the country where the treatment was given.  
Please note that we cannot provide information about the reimbursement legislation, claims processing times or amounts of reimbursement in other countries.
- I travelled, on my own initiative (without prior authorisation for planned treatment), to seek treatment in another EU/EEA country or Switzerland.  
Costs are covered under the Finnish Health Insurance Act.
- I travelled, on my own initiative, with prior authorisation for planned treatment (E112) granted by Kela, to seek treatment in another EU/EEA country or Switzerland.
- I fell suddenly ill during a temporary stay in a country other than an EU/EEA country or Switzerland.  
Costs are covered under the Finnish Health Insurance Act.

#### 4. Incurred expenses

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The expenses were caused by

- a traffic accident  
 an accident at work or an occupational disease  
 some other reason.

Have you received or claimed reimbursement from some other source besides Kela?

- No  
 Yes; please indicate the source. \_\_\_\_\_

Why did you need to have treatment abroad?

- a sudden illness or a sudden attack of illness  
 an accident  
 treatment related to pregnancy or childbirth  
 treatment related to a pre-existing illness  
 some other reason, please specify: \_\_\_\_\_

Please describe the situation and what happened (e.g. your symptoms and the course of events). If the treatment was related to pregnancy or to a pre-existing illness, please state why it was necessary for you to have medical treatment abroad.

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#### 5. Expenses for medical treatment

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Please state the country in which you incurred the expenses and the currency in which they are denominated.

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##### Visit to a doctor

Treatment provider

- General practitioner     Specialist

Place of treatment \_\_\_\_\_

##### Details of the examinations made and the treatment provided

Date	Examination/treatment	Cost



### Visit to a dentist

Treatment provider

Dentist       Specialist dentist

Place of treatment \_\_\_\_\_

### Details of the examinations made and the treatment provided

Date	Examination/treatment	Cost

### Prescribed medicines

1. Name of the medicine		Package size
Date of purchase	Strength	Cost
2. Name of the medicine		Package size
Date of purchase	Strength	Cost
3. Name of the medicine		Package size
Date of purchase	Strength	Cost

### 6. Illness-related travel expenses

Date of travel	Route (starting point and destination - state the name of the treatment provider, for example). Write outward and return trips on separate lines.	Means of transport	Costs

### 7. Illness-related accommodation expenses

Claimant (patient)     Personal attendant

Date(s) of overnight stay \_\_\_\_\_ Costs \_\_\_\_\_

Reason for overnight stay \_\_\_\_\_



## 8. Supporting documents

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 Please enclose any receipts, prescriptions and statements detailing the treatment. Copies are acceptable.

Receipts

Prescription

Details on the treatment provided

Other document(s), please specify: \_\_\_\_\_

## 9. Additional information

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 Write the number of the section you are referring to.

Additional information on a separate sheet. Write your name and personal identity code on the sheet.

## 10. Signature

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**I declare that the information I have given above is true and accurate.**

Date

Signature

Information obtained for the purpose of deciding the present matter may be used for other benefit determinations, if so required under law. Conversely, any information obtained within the context of another benefit may be used to decide the present matter.

Please contact Kela for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.

