



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive Cross-Border Healthcare Directive: Pro Forma

The HSE operates a Cross-Border Healthcare Directive (CBD), for persons entitled to public patient treatment in Ireland who is seeking to avail of that treatment in another EU/EEA member state or Switzerland under Directive 201/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patient's rights in cross-border healthcare, as per the procedures set out in governing EU Regulations and Directives and Irish legislation.

A copy of these Regulations and Decisions, and all other aspects of European Law are available on the website for inspection at <http://europa.eu>. Within these governing EU Regulations and Irish legislation, the CBD provides for the cost of publicly funded healthcare in Ireland to be availed of and the costs to be reimbursed subject to compliance with the applicable administration processes adopted by the HSE in the administration of the CBD. Patients should familiarize themselves with the administration requirements of the HSE prior to availing of cross border healthcare in order to confirm entitlement or otherwise to reimbursement of treatment costs. The HSE has established a National Contact Point (NCP) office for the administration of the CBD in Ireland and the contact details for the NCP are: HSE Overseas Section, Stewarts Hospital, Mill Lane, Palmerstown, Dublin 20 Tel: 01 620 1826 Email: crossborderdirective@hse.ie Webpage: <http://www.hse.ie/eng/services/list/1/schemes/cbd/>

The CBD allows people normally resident in Ireland and who require public healthcare services to be referred to and avail of such healthcare in another EU/EEA member state or Switzerland. It will be a matter for the patient and his/her referring doctor to identify the clinician abroad and satisfy him/herself in relation to the qualifications, quality and safety of the services being availed of in the other jurisdiction. Each country within the EU/EEA have established NCPs and information relating to services in each country may be accessed through these NCPs. Details of the NCPs in Europe are available on <http://europa.eu>. Funding will only be reimbursed for healthcare that is publicly funded and available in Ireland and which is not contrary to Irish legislation. Reimbursement will be at the cost of the treatment availed of abroad or the cost of providing the healthcare in Ireland which ever is the lesser. Please note that in the case of inpatient care abroad the HSE will deduct €75, to a maximum of €750, per night from the total to be reimbursed being the overnight charge for inpatient care in Ireland. Healthcare in Ireland is funded through general taxation so the cost of the provision of the care is that funded through general taxation plus the statutory payment the patient would have made here in Ireland.

Payments will only be made to the patient or in the case of a child his/her parent or guardian. No payments will be made to third parties. In the case of a patient's death, reimbursement of the healthcare costs will be subject to the executor of the estate providing evidence of the outstanding liability.

Prior approval will be required for:

- all hospital care involving overnight accommodation,
- healthcare that involves highly specialised and cost-intensive medical infrastructure or equipment,
- healthcare that involves treatments presenting a particular risk for the patient or the population,
- healthcare provided by a healthcare provider that, on a case-by-case basis, could give rise to serious and specific concerns relating to the quality or safety of the care, with the exception of healthcare which is subject to Union legislation ensuring a minimum level of safety and quality throughout the Union.

It is very important that this pro-forma invoice is completed by your healthcare provider abroad in English in order to facilitate your claim for reimbursement. If the pro-forma invoice is not completed in English the patient will be required to provide a certified translation at his/her own cost. Reimbursement claims will not be accepted by the HSE in the absence of completion and submission of this form and related documentation. The completed pro-forma invoice should be submitted with the healthcare provider's original invoice and the original receipt and the referral letter from the referring Irish clinician. Reimbursements will be made in line with the governing legislation and criteria for this scheme. The HSE accepts no liability for healthcare availed of abroad which fails to meet the governing legislation, criteria and the HSE's administration requirements. The HSE reserves the right to seek any additional documentation deemed necessary to confirm the bona fides of the reimbursement claim and or ensure the smooth transition of the patient back to the Irish healthcare system.



PROFORMA INVOICE

SECTION A

(to be completed in full by Patient/Applicant)

FORENAME		SURNAME	
SURNAME ON BIRTH CERTIFICATE		DATE OF BIRTH	
ADDRESS			
TEL NO.		MOBILE NO.	
PPS/RSI NO.		MEDICAL CARD NO.	
NAME PRIVATE HEALTH INSURANCE COMPANY		MEMBERSHIP NO.	
HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?			
IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.			

The details of the referring clinician below are required or you may attach a copy of the referral letter as an alternative.

NAME of referring clinician	
Referring clinician's address	
Referring clinician's telephone/email	

If the Patient is under 16 years of age (or over 16 and dependant), an application may be made on their behalf by a Parent/Guardian/Partner/Spouse. In such cases, it will be necessary to complete the next section.

RELATIONSHIP TO PATIENT			
FORENAME		SURNAME	
ADDRESS			
TEL NO.		MOBILE NO.	
NAME PRIVATE HEALTH INSURANCE COMPANY		MEMBERSHIP NO.	

HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?	
HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.	

Is the patient a victim of a road traffic accident or other accidental injury? YES ☐ NO ☐

If yes, is there a claim for compensation against a third party? YES ☐ NO ☐

If yes, please provide the details of your solicitor:

Solicitors name (acting for the patient) _____

Solicitor's address

Please note that solicitors who are making a legal claim for compensation on behalf of victims of road traffic accidents or other accidental injuries are required to include in the claim the cost of treatment received outside the state, as provided by the HSE Cross-Border Healthcare Directive, resulting from the road traffic accident or accidental injury.

However, please note that it is the patient who is obliged to make sure that the treatment costs provided by the HSE under the Cross-Border Healthcare Directive are reimbursed to the HSE. Unsuccessful claims must be brought to the attention of the HSE Cross-Border Healthcare Directive.

I agree to repay to the HSE the gross amount of the money spent by the HSE when the claim I am pursuing against a third party has been finalised.

In completing this application form you must ensure the information you provide is accurate and true. The inclusion of false, misleading or inaccurate information will mean the CBD office will reserve the right to refer the matter to the appropriate authority and reimbursement of any funding accessed will be sought without exception. The CBD office reserves the right to review a patient's medical chart to clarify any information as appropriate.

Applicant's signature: _____ **Date:** _____

SECTION B

(to be completed in full in conjunction with the treating physician abroad)

Details of the healthcare provider abroad:

NAME of clinician	
Clinician's address/Hospital address	
Contact details – telephone, fax and email.	
Clinician's professional registration details – registering body and registration number	
Treatment provided	
ICD 10 Code of treatment provided	
DRG CODE OF PROPOSED TREATMENT (the relevant ready recknor is available on the HSE website by following the link below).	
http://www.hse.ie/eng/services/list/1/schemes/cbd/Ready%20Reckoner.pdf	
Details of the treatment – e.g. outpatient/daycase/inpatient	
Cost*	€ _____* (original invoice and receipts must be submitted in conjunction with this proforma invoice, these will be copied for file purposes and returned to you)*
Treatment provided (secondary)	
ICD 10 Code of treatment provided (secondary)	
DRG CODE OF PROPOSED TREATMENT (the relevant ready recknor is available on the HSE website by following the link below).	
http://www.hse.ie/eng/services/list/1/schemes/cbd/Ready%20Reckoner.pdf	
Details of the treatment – e.g. outpatient/day-case/inpatient	
Cost*	€ _____* (original invoice and receipts must be submitted in conjunction with this pro-forma invoice, these will be copied for file purposes and returned to you)*

* Reimbursement will be at the cost of the treatment you availed of abroad or the cost of providing the healthcare in Ireland which ever is the lesser. Please note that in the case of inpatient care abroad the HSE will deduct €75 per night, to a maximum of

€750, from the total to be reimbursed being the overnight charge for inpatient care in Ireland. Healthcare in Ireland is funded through general taxation so the cost of the provision of the care is that funded through general taxation plus the statutory payment the patient would have made here in Ireland. Please also note that where healthcare is provided on an inpatient basis abroad but on an outpatient basis in Ireland the reimbursable rate will be the outpatient rate.

I accept that in the event of the submission of false or misleading documentation for the purposes of seeking reimbursement from the HSE that the claim will be disqualified for any further consideration and that all outstanding costs will be a matter for myself.

I declare that the above particulars are true and correct. I am aware that reimbursement is based on the information provided by me and that any additional information coming to light may impact on the monies reimbursed and I will be liable to repay any monies secured by me on the basis of incorrect, misleading or omission of information.

I also agree to notify and arrange to refund to the HSE immediately should I receive any refund from the provider or any other party e.g. insurance provider, in respect of the treatments for which the costs were reimbursed to me by the HSE. Such reimbursement will be due to the HSE without delay and in the case of undue delay I understand that the HSE may seek interest on monies due.

Applicant’s signature _____ Date: _____

Patient Check List of Required Documentation	
Have you included:	
The completed pro-forma invoice in English – are all section completed	
The referral letter from the Irish physician who referred you abroad	
The original invoice from the healthcare provider abroad	
The receipt of payment for the healthcare provided abroad	

For Office Use Only

Reimbursement Approved		Reimbursement Denied		Partial Reimbursement Approved	
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Comment: _____

Signature: _____ Date: _____

HSE, Designated Officer

Approved ☐ Not Approved ☐

Signature: _____ Date: _____

Grade: _____

* Please ensure that the HSE National Financial Regulations are adhered to in this regard.