



FREQUENTLY ASKED QUESTIONS

*for good patient information
provision on cross-border
healthcare¹*

Frequently Asked Questions

for good patient information provision on cross-border healthcare¹

Incoming patients*

Both the **Social Security Regulations (EC) 883/2004 and 987/2009*** and **Directive 2011/24/EU*** grant the right to assumption of costs for medical treatment* in any other EU*/EEA* country. The range of covered healthcare services, the conditions to access medical treatment* as well as the financial implications differ depending under which scheme the patient enjoys treatment abroad. As a result, it is of great importance that patients are properly informed on the different consequences to be treated under either one or the other EU legal instrument.

It is within the task of National Contact Points* (NCPs) to provide both outgoing* and incoming patients* with clear and accessible information on their rights and entitlements to cross-border healthcare*. Patients travelling from any other EU*/EEA* Member State * will make use of the NCP function of the country of treatment* in order to inform themselves on the foreign healthcare system and healthcare providers, amongst others so they can travel with more confidence knowing that the treatment they wish to receive will be provided according to certain quality and safety standards and knowing they will have rights and entitlements in case something goes wrong.

Following template with frequently asked questions (FAQ) can be used by NCPs in their role as NCP of the country of treatment* to provide information on their NCP website or as a starting point for personal counselling of incoming patients.

You are welcome to copy and paste part or all of the below wording for use on your NCP website or in communication to patients.

Disclaimer

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¹ For each word or concept in this FAQ directly followed by an asterisk (*), corresponding definitions and explanations are provided in the accompanying alphabetical glossary.

Overview

Patients' rights to cross-border healthcare
What if I become suddenly ill or get injured during a stay in this country, such as during holiday, a family visit, business trip or exchange studies?
Where should I apply for my European Health Insurance Card*?
How do I know who I should contact and which healthcare provider or hospital to go to in case of sudden illness or injury abroad?
Am I entitled to kidney dialysis, oxygen therapy or chemotherapy during my short-term visit? Or am I entitled to any healthcare relating to my pregnancy while staying abroad?
Am I entitled to travel to this country with the explicit purpose of accessing healthcare?
What about a frontier worker's* rights and entitlements to healthcare?
What if I reside in another country than the country under whose social security legislation I am insured?
Access to healthcare
What are my treatment possibilities?
Do I need to present a document or authorisation from my national health service*/health insurance provider* back home?
Do I need a referral?
Where do I find information on waiting lists?
Can the local healthcare provider or hospital refuse to accept me as a foreign patient?
Prescriptions
Can I present a prescription issued at home to a local pharmacy during my stay abroad?
Can I present a prescription issued abroad to my pharmacy back home?
Healthcare providers and hospitals
How do I find a healthcare provider?
How do I find a hospital which carries out the treatment I wish to receive?
Where do I find more information on a specific healthcare provider or hospital?
How do I know if the hospital or health facility I wish to go to is accessible for patients with disabilities?
How do I find a healthcare provider?
Quality of treatment
How can I be sure that the treatment will be provided according to certain quality and safety guidelines?
How can I be sure the healthcare provider I wish to go to is qualified to practice medicine and has a good reputation?
Reimbursement and costs
Can the local healthcare provider or hospital charge me higher fees because I am a foreign patient?
Where do I find more information on the prices of treatment?
What are my possibilities to have some of the costs assumed by my national health service*/health insurance provider* back home?
Do I have to pay upfront when I have the prior authorisation* from my national health service*/health insurance provider* back home?
In case I have to pay upfront, to which institution should I direct my claim for reimbursement?
Patients' rights

What If I disagree with the treatment or medical intervention proposed by the healthcare provider abroad?
Where do I find information on my patient's rights in this country?
Follow-up care
What If I need follow-up care after receiving treatment or medical intervention abroad?
Medical records and language
Where do I find information on the language of treatment?
Do I need to arrange interpretation myself when I am unable to understand my treating healthcare provider due to a language barrier?
What should the healthcare provider document in my medical records?
Am I entitled to access my medical records?
How do I arrange transfer of my medical records back home?
Complaints and malpractice
What if I am not satisfied with the treatment received or what if something goes wrong?
Who should I contact to receive more information on my possibilities to file a complaint and seek redress?
How can I be ensured that the healthcare provider has professional liability insurance or similar guarantees in case something goes wrong?
National Contact Points
What are National Contact Points*?
How to contact a National Contact Point*?

① Patients' rights on cross-border healthcare

1.1. Medically necessary treatment during a short-term stay

What if I become suddenly ill or get injured during a stay in this country, such as during holiday, a family visit, business trip or exchange studies?

Visiting persons from other EU*/EEA* countries or Switzerland* are entitled to all treatment which become medically necessary* during their stay.

Medically necessary treatment* is treatment due to sudden illness or injury during a short-term visit, such as holiday, business trip, family visit or exchange studies, that can't be postponed and that you must obtain in order to avoid being forced to return home before the end of the planned duration of your stay.

Under EU legislation, EU*/EEA* or Swiss* citizens are entitled to enjoy assumption of costs for healthcare provided abroad on the basis of their social security insurance/ entitlements to public health services back home. The most common route to enjoy assumption of costs is by presenting your European Health Insurance Card* to the treating healthcare provider or hospital. With your European Health Insurance Card* you will be entitled to medically necessary treatment* under the *Social Security Regulations (EC) 883/2004 and 987/2009**. You will be treated as a domestic patient with public health insurance and will enjoy assumption of costs according to the same payment method and tariffs applied for domestic patients.

Please note that your European Health Insurance Card* is only usable when you are treated in a hospital or by a healthcare provider who is contracted/ affiliated to the social security scheme and is entitled to provide services covered under the social security legislation. The local national health service*/ health insurance provider* or National Contact Point* of the country of your visit can provide you with more information on which healthcare providers are registered under the social security scheme.

If you are treated without a valid European Health Insurance Card* or you can't use your card, for example because you are treated in a private hospital, you either pay for the treatment privately or you may be able to file for retrospective reimbursement with your national health service*/ health insurance provider* upon return home under *Directive 2011/24/EU**. Under *Directive 2011/24/EU* you will be entitled to assumption of costs as though the treatment were provided in your home country. As a result, the payment method and tariffs of your home country* will apply.

For more information on your rights and entitlements to medically necessary treatment* during your stay, please contact your national health service*/ health insurance provider* or the National Contact Point* in your home country*. They will present you with all needed information on the European Health Insurance Card*, such as where to apply for the card, for which treatment to use the card, assumption of costs, what to do when your card is not accepted, and so on.

Where should I apply for my European Health Insurance Card*?

The European Health Insurance Card* (EHIC*) is a free card, issued by your national health service*/ statutory health insurance provider* as proof that you are covered under the social security scheme in your home country* and thus entitled to public healthcare there. The EHIC* gives you access to assumption of costs for medically necessary treatment* during a short-term stay in another EU*/EEA* country or Switzerland*, such as a holiday or exchange studies.

You can apply for the European Health Insurance Card* with your national health service*/ statutory health insurance provider*. Please, remember to make sure that your card is valid before travelling abroad. If needed, make sure that you renew your card in plenty of time.

How do I know who I should contact and which healthcare provider or hospital to go to in case of sudden illness or injury abroad?

The National Contact Point* of the country of your stay can provide you with more information on what to do and who to contact in case you get suddenly ill or injured during your stay abroad.

In case of emergency while staying in the EU* or Switzerland, please call 112. The European emergency number 112 is available everywhere in the EU* and is free of charge. When you require urgent medical attention, please call 112 to have direct access to police assistance, ambulance services or fire and rescue services.

Am I entitled to kidney dialysis, oxygen therapy or chemotherapy during my short-term visit? Or am I entitled to any healthcare relating to my pregnancy while staying abroad?

Your European Health Insurance Card* also covers the situation where you suffer from chronic illness (such as diabetes, asthma, cancer or chronic kidney disease) or when you are pregnant, and you know in advance there is a possibility that you may need medical treatment* during your stay. As long as the express purpose of your trip was not to access medical treatment*, such as to give birth or to receive treatment regarding pregnancy or chronic illness, this will be considered as medically necessary treatment* under the Social Security Regulations (EC) 883/2004 and 987/2009*.

Be aware that for vital care requiring specialised equipment or staff, you should get a prior agreement from the hospital or health facility where you wish to obtain treatment. This way the foreign institution can ensure the availability and continuity of your treatment during your stay abroad. Examples of such treatment are kidney dialysis, oxygen therapy, special asthma treatment and chemotherapy.

1.2. Planned medical treatment abroad

Am I entitled to travel to this country with the explicit purpose of accessing healthcare?

When you are entitled to healthcare under the social security scheme of an EU*/EEA* country, you have the right to seek healthcare in any other EU*/EEA* country or Switzerland*, also referred to as planned treatment* abroad, and to enjoy assumption of costs by your home country*.

You have the right to access healthcare, including:

- medical diagnosis
- medical treatment
- the prescription, dispensation and provision of medicines and medical devices

You are able to enjoy assumption of costs for planned treatment* in another EU*/EEA* country under two different EU legal instruments: the Social Security Regulations (EC) 883/2004 and 987/2009* and Directive 2011/24/EU*.

Both routes result in different consequences for patients regarding the legal basis, the scope of application, competent authorities, authorisation conditions, applicable reimbursement tariffs, payment procedure and formalities, as well as the level of the patient's own contribution. Make sure you are always well-informed about any financial and other implications before travelling abroad.

Under the *Social Security Regulations (EC) 883/2004 and 987/2009**:

- You always need to obtain prior authorisation* from your national health service*/health insurance provider* before travelling abroad
- You are entitled to assumption of costs as though you were insured under the social security system of the country of treatment*
- The treatment concerned must be included in the range of sickness benefits covered under the social security scheme of the country of treatment* (even in case you would have been entitled to assumption of costs were the treatment provided in your home country*)
- You enjoy the same payment method and tariffs as domestic patients with public health insurance

Under Directive 2011/24/EU*:

- Normally prior authorisation* from your national health service*/health insurance provider* is not required. However, for certain health services, such as hospital treatment or highly specialised and expensive treatment, prior authorisation* might be required
- You are entitled to assumption of costs as though the treatment was provided in your home country*
- The treatment concerned must be included in the range of sickness benefits covered under the social security scheme of your home country* (you are only entitled to assumption of costs when your costs would have been assumed were the treatment provided in your home country)
- You will first have to pay for the treatment privately. Retrospectively, you may file for reimbursement with your national health service*/ health insurance provider* upon return home. They will apply the same reimbursement tariff as for treatment provided in your home country*

Before travelling abroad with the purpose of accessing healthcare, please always first consult your national health service*/ health insurance provider* at home. Besides, the National Contact Point* located in your home country* will provide you with all necessary information on your rights and entitlements to treatment abroad under both the Social Security Regulations (EC) 883/2004 and 987/2009* and Directive 2011/24/EU*.

What about a frontier worker's* rights and entitlements to healthcare?

Under EU legislation, a frontier worker* is defined as an employed or self-employed person who resides and works in two different EU*/EEA* Member States or Switzerland* and who usually returns to his or her country of residence on a daily basis or at least once a week. Frontier workers* are entitled to healthcare both in the country of employment and in the country of residence.

The frontier worker must file for a S1 form* with the national health service*/health insurance provider* of the country where he or she is subject to social security legislation (the country of employment). The S1 form* must be presented to the social security authority of the country of residence. This way the frontier worker and his or her family members will be entitled to healthcare in both countries, under the respective social security legislation and in each country with the same rights and entitlements as domestic patients with public health insurance.

For more information on your rights and entitlements as a frontier worker*, please contact your national health service*/health insurance provider*.

1.3. Healthcare when living abroad

What if I reside in another country than the country under whose social security legislation I am insured?

Most of the time you will only be entitled to healthcare in the country of your residence, whether or not on behalf of another country under whose social security legislation you are insured.

However, in some cases patients may remain entitled to healthcare in the country of their social security insurance or in the country of previous work:

(! Family Members of a frontier worker residing in a country listed in Annex III of Regulation 883/2004 are excluded from the special arrangements set out below)*

- (Posted) workers, including frontier workers*, residing in another country than the country of work activity and social security insurance are entitled to healthcare during a stay in the country of work at the own expense of that country and according to its own legislation, as though the person concerned resided in that country.
- Pensioners residing outside the country under whose social security insurance system they are insured may be entitled to healthcare during a stay back in the country of their social security insurance at the own expense of that country and according to its own legislation, as though the person concerned resided in that country (only applicable when the country of social security insurance has opted for this arrangement and is included in Annex IV Regulation 883/2004*)
- Retired frontier workers stay entitled to treatment in the country where they last pursued their work activity, in so far as this is a continuation of treatment which already started during activity. In some cases a retired frontier worker will remain entitled to healthcare in the country of previous work activity, regardless of continuation of treatment or not, at the own expense of that country and according to its own legislation, as though the person concerned resided in that country. This will be the case when s/he has worked for at least two years as a frontier worker in the last five years preceding the effective date of his/her pension and both the Member State of previous work activity as the country of social security insurance have opted for this and are listed in Annex V Regulation 883/2004*. In this case the retired frontier worker must file for a S3 form* with the national health service*/health insurance provider* of the country where he or she is subject to social security legislation. The S3 form* must be presented to the social security authority of the country of previous work activity.

② Access to healthcare

What are my treatment possibilities?

If you seek information on your treatment possibilities, you should first directly contact the healthcare provider you wish to receive treatment from. He or she will inform you on all your treatment possibilities.

If you do not have a particular healthcare provider or hospital in mind, contact the local National Contact Point* in the country where you wish to seek treatment for more information on how to search for and how to contact a healthcare provider or hospital that may provide the treatment you wish to receive.

Do I need to present a document or authorisation from my national health service*/health insurance provider* back home?

When going on holiday...

When you suddenly get ill or injured during your stay abroad, you will have to present a valid European Health Insurance Card* to the local healthcare provider or hospital. The European Health Insurance Card* (EHIC*) is a free card, issued by your national health service*/ statutory health insurance provider* as proof that you are covered under the social security scheme in your home country* and thus entitled to public healthcare. The EHIC* gives you access to assumption of costs for medically necessary treatment* during a short-term stay in another EU*/EEA* country or Switzerland*, such as a holiday, business trip or exchange studies.

When travelling abroad with the explicit purpose of receiving treatment there...

When you travel abroad with the explicit purpose of accessing healthcare, prior authorisation* from your national health service*/ health insurance provider* back home may be required.

Whether you need prior authorisation* before travelling abroad to seek treatment, depends on whether you exercise your right to cross-border healthcare* under the Social Security Regulations* or under Directive 2011/24/EU* and on which type of healthcare you wish to receive. As a general rule, you probably will need prior authorisation* when you plan to receive hospital treatment or in case of highly specialised and expensive treatment abroad.

If you wish to receive cross-border healthcare* under the **Social Security Regulations***, prior authorisation* from your national health service*/health insurance provider* is always required - both for inpatient* and outpatient* treatment. When your request for prior authorisation is granted, your national health service*/health insurance provider* will issue you with a S2 form*, that you will have to present to your treating healthcare provider abroad as proof of your social security coverage.

Generally under **Directive 2011/24/EU***, prior authorisation* from your national health service*/ health insurance provider* is not required. However, for some treatments the EU legislator has given the Member States the possibility to install a system of prior authorisation*. In any case, prior authorisation* may only be required in case of:

- Healthcare involving an overnight hospital stay
- Healthcare involving highly specialised and cost-intensive medical infrastructure or equipment
- Healthcare presenting a risk for the patient's own safety (patient safety risk*) or that of the general population (general population safety risk*)
- 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 and safety of the care

If you wish to receive more detailed information on which particular treatment requires prior authorisation*, please contact your national health service*/ health insurance provider* or National Contact Point* at home for more information.

NOTE: when required, never receive treatment abroad without the prior authorisation* of your national health service*/ health insurance provider*. If you have received treatment abroad without the required prior authorisation* from your national health service*/ health insurance provider*, possibility exists that your claims for reimbursement* will be declined. As a result, you may have to bear all medical costs incurred abroad yourself.

Do I need a referral?

When you wish to receive treatment under the *Social Security Regulations (EC) 883/2004 and 987/2009** the requirement of a referral will depend on whether or not a system of referral is in place in the country of treatment*. When this is indeed the case, referral from your GP* at home or a GP* in the country of treatment* may be needed in order to be able to access specialised healthcare in the country concerned.

When you, however, seek treatment abroad under *Directive 2011/24/EU** the requirement of a referral will depend on whether or not a system of referral for accessing specialised treatment is in place in your home country*. When such referral is not required to access healthcare in your home country* it will also not be required to obtain a referral from your GP* before accessing specialised treatment abroad.

Contact your national health service*/ health insurance provider* and National Contact Point* at home for more information. The National Contact Point of the country where you wish to receive treatment can provide you with more information on whether or not a system of referral is in place in that country.

Where do I find information on waiting lists?

The healthcare provider or hospital as well as the National Contact Point* in the country where you wish to seek treatment can provide you with information on how long you will have to wait before receiving treatment and on any possible waiting lists that need to be respected.

Can the local healthcare provider or hospital refuse to accept me as a foreign patient?

Healthcare providers or hospitals can only restrict the admission of foreign patients where it is justified by overriding reasons of general interest, such as planning requirements relating to the aim of ensuring sufficient and permanent access to high-quality treatment for domestic patients within its territory. Such measure may for example prove necessary when the number of foreign patients appears to be so high that local hospitals become overwhelmed with too many patients and cannot cope with the demand, resulting in unsustainable waiting lists for domestic patients.

Any restrictions on the admission of foreign patients must be made publicly available in advance. Contact the National Contact Point* of the country where you wish to receive treatment for more information on any possible restrictions to access healthcare abroad.

③ Prescriptions

Can I present a prescription issued by my treating healthcare provider at home to a local pharmacy during my stay abroad?

A prescription* for medicine or medical devices prescribed in your country is valid in any EU*/EEA* country.

However, to ensure that your prescription* is recognised and well-understood by the pharmacist abroad, inform your prescribing healthcare provider on planning to use the prescription abroad. He or she will prescribe the medication or medical devices according to the minimum information requirements for cross-border prescriptions* (Implementing Directive 2012/52/EU*) :

- Identification of the patient: surname(s); first name(s); date of birth
- Authentication of the prescription: issue date
- Identification of the prescribing healthcare provider: surname(s); first name(s); professional qualification; details for direct contact, such as email and telephone or fax; work address, including the name of the relevant Member State; written or digital signature
- Identification of the prescribed product: common name (active substance), or in exceptional cases name; pharmaceutical formulation (tablet, solution, etc.); quantity; strength; dosage regime

Please note that the medicine concerned may not be available or authorised for sale in the country abroad. If possible always try to buy your prescription medicines in a pharmacy in the country where the prescription is issued.

Can I present a prescription issued abroad to my pharmacy back home?

A prescription issued in another EU*/EEA* country must be recognised by any pharmacy in your home country*. This way proper follow-up and continuity of care upon your return home can be ensured.

However, to ensure that the prescription* is recognised and well-understood by your pharmacist back home, inform your prescribing healthcare provider on planning to use the prescription in your home country*. He or she will prescribe the medication or medical devices according to the minimum information requirements for cross-border prescriptions* (Implementing Directive 2012/52/EU*) :

- Identification of the patient: surname(s); first name(s); date of birth
- Authentication of the prescription: Issue date
- Identification of the prescribing healthcare provider: surname(s); first name(s); professional qualification; details for direct contact, such as email and telephone or fax; work address, including the name of the relevant Member State; written or digital signature
- Identification of the prescribed product: common name (active substance), or in exceptional cases name; pharmaceutical formulation (tablet, solution, etc.); quantity; strength; dosage regime

Please note that the medicine concerned may not be available or authorised for sale in your home country*. If possible always try to buy your prescription medicines in a pharmacy in the country where the prescription is issued.

④ Healthcare providers and hospitals

How do I find a healthcare provider?

If you wish to obtain information on healthcare providers and on how to contact them, the National Contact Point* of the country where you wish to receive treatment will be able to provide you with more information.

How do I find a hospital which carries out the treatment I wish to receive?

If you wish to obtain information on hospitals and on how to contact them, the National Contact Point* of the country where you wish to receive treatment will be able to provide you with more information.

Where do I find more information on a specific healthcare provider or hospital?

If you seek information on a specific healthcare provider, you should first directly contact the healthcare provider you wish to receive treatment from. He or she is obliged to provide you with following information:

- the healthcare provider's authorisation and registration status, that is proof of his or her license to practice medicine
- the healthcare provider's insurance cover for professional liability
- the healthcare provider's entitlement to provide health services covered under the social security scheme

This information can also be provided by the national health services*/ health insurance provider* or the National Contact Point* of the country where you wish to receive treatment.

How do I know if the hospital or health facility I wish to go to is accessible for patients with disabilities?

The healthcare provider or hospital as well as the National Contact Point* in the country where you wish to seek treatment can provide you with information on the accessibility of the hospital for patients with disabilities.

How do I find a healthcare provider?

Contact the national health service*/ health insurance provider* or National Contact Point* in the country where you wish to seek treatment for more information on how to search for and how to contact a healthcare provider or hospital.

⑤ Quality of treatment

How can I be sure that the treatment will be provided according to certain quality and safety guidelines?

As cross-border healthcare* is provided in accordance with the legislation of the country of treatment*, also the quality and safety standards of this country will apply. For more information on the quality and safety standards that are in place as well as on which healthcare providers are subject to these standards, please contact the National Contact Point* of the country of treatment*.

How can I be sure the healthcare provider I wish to go to is qualified to practice medicine and has a good reputation?

The National Contact Point* of the country of treatment* can provide you with information on a specific healthcare provider's right to practice medicine or any possible restrictions to this right.

If you wish information on healthcare providers who provide treatment regarding a specific chronic or rare disease, a local patient organisation may provide you with more information on a specific healthcare provider's reputation. The National Contact Point* of the country of treatment* can inform you on the different patient organisations located in its country.

⑥ Reimbursement and costs

Can the local healthcare provider or hospital charge me higher fees because I am a foreign patient?

The healthcare provider or hospital is obliged to charge you the same fees as applicable for domestic patients.

Where do I find more information on the prices of treatment?

The National Contact Point* of the country where you wish to receive treatment can provide you with more information on the tariffs for medical care applied in that country. Besides, the foreign healthcare provider you wish to consult is obliged to provide you with clear information on the prices of treatment he or she provides.

What are my possibilities to have some of the costs assumed by my national health service*/health insurance provider* back home?

Under EU legislation, your costs incurred for medical treatment* abroad may be assumed by your national health service*/ health insurance provider* back home under two different schemes: the Social Security Regulations (EC) 883/2004 and 987/2009* and Directive 2011/24/EU*.

- Under the Social Security Regulations (EC) 883/2004 and 987/2009* your costs will be assumed according to the amount envisaged in the rules and legislation of the country of treatment*.
- Under Directive 2011/24/EU your costs will be assumed according to the amount envisaged in the rules and legislation of your home country.

Please note that the range of covered healthcare services, the conditions to access medical treatment* as well as the financial implications will differ according to which scheme you will enjoy treatment abroad.

As social security remains within the own competence of Member States, you may also be entitled to assumption of costs of cross-border healthcare* derived from purely national legislation, as for example under national healthcare projects for border regions.

Inform yourself on all your different options with regard to accessing healthcare abroad with your national health service*/ statutory health insurance provider*.

Do I have to pay upfront when I have the prior authorisation* from my national health service*/ health insurance provider* back home?

Whether the costs of the treatment will be directly assumed by your national health service*/ health insurance provider* (third-party payment*) or whether you will have to pay all costs upfront yourself and ask for reimbursement afterwards, depends on whether you have received treatment abroad with a S2 form* (Social Security Regulations (EC) 883/2004 and 987/2009) or under Directive 2011/24/EU.

- Under the Social Security Regulations* the payment method will depend on the system in place in the country of treatment*. As you are treated as though you were insured under the social security system of the country of treatment*, you will enjoy the same rights and entitlements regarding the method of payment as a domestic patient with public health insurance. Two possibilities may occur:
 - ❖ The treatment you need is free of charge (which may often be the case), sometimes combined with a limited amount of co-payment, in which case the costs will be directly settled between the healthcare provider and the social security authority of the country of treatment. The foreign authority will then automatically liaise with your own national health service*/ health insurance provider* at home to obtain refund, without you having to do anything more. *(! Be aware that you may recover all or part of your costs of co-payment* under your entitlements to the so-called Vanbraekel supplement*. More specifically, this will be the case when the tariff of treatment abroad is lower than the tariff applied under the social security legislation of your home country*. Inform yourself on your rights and entitlements to additional compensation under the Vanbraekel supplement* with your national health service*/ health insurance provider* back home)*
 - ❖ You have to pay all costs of the treatment yourself and have to file for reimbursement afterwards, either with the local social security authority while still being abroad, or with your own national health service*/ statutory health insurance provider* upon return home. Either way the reimbursement tariff of the country of treatment* will apply.
- Under Directive 2011/24/EU you will always have to initially bear all costs of the treatment yourself. You pay all invoices directly to the healthcare provider/hospital abroad. Upon your return home, you may file for reimbursement with your national health service*/ statutory health insurance provider*. The latter will apply the same tariff of reimbursement as for domestic treatment provided in your home country*.

In case I have to pay upfront, to which institution should I direct my claim for reimbursement?

When you enjoy treatment abroad under the *Social Security Regulations (EC) 883/2004 and 987/2009** and you have to make an upfront payment*, you are free to choose to either file for reimbursement with the local social security authority while still being abroad or with your own national health service*/ statutory health insurance provider* upon return home. Either way the reimbursement tariff of the country of treatment* will apply.

Under Directive 2011/24/EU you always have to make an upfront payment*. You are entitled to file for reimbursement with your own national health service*/ health insurance provider* upon your return home. In this case the reimbursement tariff of your home country will apply.

⑦ Patients' rights

What If I disagree with the treatment or medical intervention proposed by the healthcare provider abroad?

In case you disagree with the proposed treatment, you are by no means obliged to go through with it. The healthcare provider is obliged to obtain your informed consent before starting any treatment or medical intervention. You are entitled to change your mind and stop treatment at any time.

Nevertheless, it remains within the competence of the healthcare provider to decide which treatment is the most suitable based on medical grounds. You are not entitled to enforce any possible treatment you may desire. The healthcare provider must inform you on the treatment he or she proposes as well as on possible treatment alternatives.

Whether you agree with the treatment proposed or choose alternative treatment, your consent is needed for any medical act and for every step of the medical procedure. Ultimately, you choose yourself to agree or continue with treatment or medical intervention.

For more information on your right to informed consent, please contact the National Contact Point* of the country where you wish to receive treatment.

Where do I find information on my patient's rights in this country?

As cross-border healthcare* is provided in accordance with the legislation of the country of treatment*, the patients' rights contained in national legislation of that country will apply. You will enjoy the same rights and entitlements regarding accessing healthcare and receiving treatment as domestic patients, such as your rights regarding informed consent, accessing medical records, privacy, complaints and redress,...

The National Contact Point* of the country of treatment* can provide you with more information on the framework of patients' rights that is in place in that country.

⑧ Follow-up care

What If I need follow-up care after receiving treatment or medical intervention abroad?

When you have received treatment abroad and medical follow-up proves to be necessary, you are entitled to suitable follow-up care* in your home country* as if the treatment itself had taken place at home instead of abroad. Your home country* is obliged to provide you with follow-up care of the same quality regardless of where the treatment took place.

⑨ Medical records and language

Where do I find information on the language of treatment?

The National Contact Point* in the country where you wish to receive treatment will be able to provide you with more information on the languages of treatment in that country.

Do I need to arrange interpretation myself when I am unable to understand my treating healthcare provider due to a language barrier?

When treatment is provided in another language, make sure that you inform yourself on whether or not you will need to arrange for interpretation yourself during your contact with the treating healthcare provider(s) and other medical staff abroad.

What should the healthcare provider document in my medical records?

In order to ensure continuity of care upon your return home, you are entitled to a written or electronic medical record of your treatment or medical intervention. The treating healthcare provider abroad should document data, assessments and information of any kind on your medical situation and clinical development throughout the process of care, such as information on diagnosis, examination results, treatment outcome, a list of administered medicines, post-operative results,...

Am I entitled to access my medical records?

Directive 2011/24/EU provides every patient in cross-border healthcare* the right to at least one copy of their medical record. More specifically, you have the right to a copy of your medical records* containing such information as diagnosis, examination results, assessments by treating healthcare providers and information on any treatment or interventions provided.

How do I arrange transfer of my medical records back home?

Transfer of your medical records to your treating healthcare provider at home may be important to ensure continuity of care and suitable follow-up treatment.

Your healthcare provider must provide you with at least one copy of your medical records in order to enable you to arrange transfer of your records yourself. The healthcare provider may also arrange to transfer him- or herself your medical records directly to your treating healthcare provider at home.

10 Complaints and malpractice

What if I am not satisfied with the treatment received or what if something goes wrong?

If you are not satisfied with the treatment or medical intervention you have received, you are entitled to file a complaint and seek redress. In any case, the legislation of the country where the treatment is provided will apply. As a result you will have to file a complaint and seek redress under the domestic administrative and court procedures. You will be subject to the procedural rules, time limits, rules on burden of proof and damages scheme as applied in the country where you wish to receive treatment.

For more information on your options to file a complaint and seek redress in case something goes wrong, please contact the local National Contact Point*.

Who should I contact to receive more information on my possibilities to file a complaint and seek redress?

Contact the National Contact Point* in the country of treatment* for more information on your options to file a complaint, settle disputes and seek redress in case something goes wrong. Inform yourself on the different procedures in place, which institutions to address, the steps you need to undertake, the applicable time limits as well as anticipated procedural costs.

How can I be ensured that the healthcare provider has professional liability insurance or similar guarantees in case something goes wrong?

Directive 2011/24/EU* obliges each EU*/EEA* country to ensure that a system of professional liability insurance or a guarantee or similar arrangement is in place for treatment provided on its territory.

The healthcare provider is obliged to provide you with information on his or her insurance cover for professional liability.

11 National Contact Points

What are National Contact Points*?

In line with Directive 2011/24/EU*, each Member State has installed one or more National Contact Point* for Cross-border Healthcare* (NCPs*). Member State are free to decide how to organise these NCPs*. As a result great differences exist. Some NCPs* are aligned with the national health insurance provider or the ministry of health, whereas others are independent bodies.

The main task of NCPs* is to provide patients with clear and accessible information on all aspects of accessing medical treatment* abroad. NCPs will provide patients with information on different topics depending on whether the patient is a domestic patient wanting to access healthcare abroad (outgoing patient*) or a foreign patient wanting to access healthcare in the country concerned (incoming patient*).

How to contact a National Contact Point*?

All NCPs* have a designated website where the essential information on medical treatment* abroad (cross-border healthcare*) is provided. Besides, patients can consult NCPs* directly for more information or personal inquiries about accessing healthcare abroad, such as through telephone, email or an online contact form. Many NCPs* also serve patients in person at the NCP* office. The contact details of the NCP* are provided on each NCP* website as well as on the website of the European Commission.

