

Claim for reimbursement

under the Health Insurance Act in respect of medical care expenses incurred in Finland

No. of attachments _____

Claimant's personal identity no.

WHEN TO CLAIM Within 6 months of the original payment.

1 CLAIMANT (patient)	Family name and given names		
	Street address		Municipality of permanent residence
	Postal code	Postal district	
	Telephone	E-mail	
2 BANK DETAILS	Account number in IBAN format		
	Bank Identifier Code (BIC)		
3 REIMBURSE- MENT OBTAINED FROM A SOURCE OTHER THAN KELA	Did the expenses result from	<input type="checkbox"/> a traffic accident?	<input type="checkbox"/> an occupational injury?
	Name of insurance company _____		

4 SIGNATURE	I declare that the information I have given is true and accurate.		
	Place and date	Signature and printed name of the claimant or of his or her provider, legal representative, close family member or other person with principal responsibility for looking after the claimant.	

5 AUTHORI- SATION	I authorise the person / employer named below to collect any reimbursements awarded to me in accordance with the Health Insurance Act.		
	Name of authorised person		Personal identity no.
	Name of authorised employer		Name and telephone no. of employer's representative
	Street address		
	Postal code	Postal district	
	Place and date	Signature and printed name of the claimant or of his or her provider or legal representative.	

Submit your claim to Kela after paying the expenses.

Attach to your claim: a statement indicating the type of treatment provided by a doctor or dentist and specifying the fees charged, any referrals for treatment or examination, and statements listing the treatments and examinations provided on the basis of the referrals.

Attach a statement from the pharmacy indicating the medicines you purchased, unless you were reimbursed at the pharmacy.

Reimbursement of expenses incurred abroad should be claimed on form SV 128 titled "Claim for reimbursement of medical care expenses incurred abroad".

Reimbursement for travel costs must be claimed on a separate form.

If you need copies of any documents you include with your claim (for example for insurance purposes), please make sure you have them before submitting the original documents to Kela or your workplace sickness fund.

No reimbursement is available for the costs of medicines or private-sector medical services incurred while undergoing treatment in a public hospital, home for the elderly or other comparable institution.