



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Health Service Executive Cross-Border Healthcare Directive: Pro-Forma Invoice

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 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 Cross Border Directive – National Contact Point, St Canice's Hospital Complex, Dublin Road, Kilkenny, Ireland, Tel: 056 7784547 or 056 7784546 or 056 7784556 Email: [crossborderdirective@hse.ie](mailto:crossborderdirective@hse.ie)

Webpage: <http://www.hse.ie/crossborderdirective>

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. 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 €80, to a maximum of €800, per night from the total to be reimbursed being the overnight charge for inpatient care in Ireland (except where that maximum has already been reached within the preceding 12 months in Ireland or the patient holds a valid medical card). 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.

The invoice and receipt submitted for reimbursement must be from the providing hospital/consultant abroad and must only include the cost of the medical treatment provided. The HSE will not reimburse an invoice from a third party e.g. a medical tourism facilitator. If you use one of these companies to organise your trip abroad for the necessary healthcare you should be aware that all fees associated with their services are not eligible for reimbursement by the HSE.

### **Prior authorisation will be required for:**

- all hospital care involving overnight accommodation,

**It is strongly recommended that this pro-forma invoice is completed by you and 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/applicant will be required to provide a certified translation at his/her own cost. The aim of this form is to ensure all the information required by the HSE to process your reimbursement claim in a timely and efficient manner is provided. 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 or clinician abroad. Reimbursements will be made in line with the governing legislation and criteria for this scheme. The HSE accepts no liability for healthcare costs 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. Please also retain some form of proof of travel to submit with your documentation.**

## **Completion of Pro-Forma Invoice: Applicant/Patient**

No liability shall attach to the Health Service Executive, its servants or agents, in respect of any costs or expenses incurred by the Patient or Applicant prior to a determination by the Health Service Executive, on this application and the results of such determination being communicated to the Applicant. Any arrangements made by the Applicant or Patient prior to such determination may not subsequently be ratified by the Health Service Executive, and may invalidate the application.

The patient/applicant should submit a fully completed pro-forma invoice accompanied by the supporting documentation to the HSE in order to claim reimbursement for the cost of treatment. The onus is on the patient to submit all the necessary original documentation to progress the claim for reimbursement. Incomplete documentation including the pro-forma invoices will be returned to the patient/applicant for provision of the appropriate information prior to re-submitting to the CBD office.

We strongly recommend you print off the pro-forma invoice and take it with you to the treating facility abroad so that the treating consultant can complete it for you prior to your discharge back to Ireland.

### **Section A**

This part of the form is to be fully completed by the patient/applicant. All parts of the section must be completed; if a question is not relevant to you please mark same N/A e.g. if you do not hold a medical card mark that section N/A (not applicable).

Where a patient is under 18 years of age or is incapacitated, the form may be submitted on their behalf by a Parent/Guardian/Spouse/Partner.

Patients seeking reimbursement for inpatient care abroad must firstly have gone through the application process for prior authorisation.

Patients who availed of out patient services do not require prior authorisation and should fill out this form as if they had been granted prior authorisation.

### **Section B**

This part of the pro-forma invoice is to be fully completed by the patient's/applicant's treating clinician.

### **CODE OF ETHICS FOR CLINICAL CODERS**

It is expected that all clinicians identifying a DRG code for the purpose of reimbursement under the provisions of the Cross Border Directive would be familiar with and adhere to the Code of Ethics for Clinical Coders.

The identification of a DRG code for the purpose of reimbursement requires the clinician to be ethical and transparent in his/her selection. The selection of an incorrect code may lead to a patient being reimbursed an amount less than that applied for and confirmed at prior approval stage. Any such occurrence will be a matter for the patient to pursue with the clinician who identified the incorrect code and not for the HSE. The HSE reserves the right to have any DRG code identified, independently assessed to confirm its appropriateness this may include our accessing the patient's medical record for this purpose.

Therefore in line with the Code of Ethics for Clinical Coders, a clinician identifying a code for the purpose of reimbursement will ensure that clinical record content justifies selected DRG code.

When the pro-forma invoice has been fully completed, please return it to the above mentioned CBD offices.

### **Section C**

This part of the pro-forma invoice is to be fully completed by the patient/applicant.

**In completing this pro-forma invoice you must ensure the information you provide is accurate and true. Where false, misleading or inaccurate information and/or documentation is included the CBD Office will reserve the right to refer the matter to the appropriate authority. If monies have been issued on the basis of false, misleading or inaccurate information and/or documentation the HSE will pursue the immediate recoupment of same from the payee. The CBD office reserves the right to review a patient's medical chart to clarify any information as appropriate.**

## Processing

Pro-forma invoices will be processed as quickly as possible and on receipt of the fully completed paper work the target time frame will be 30 days. Please note that the Cross-Border Healthcare Directive does not provide for reimbursement of travel or subsistence costs incurred by patients.



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## PRO-FORMA INVOICE

### APPLICATION FORM FOR REIMBURSEMENT FOR ASSISTANCE TOWARDS THE COST OF MEDICAL TREATMENT OUTSIDE THE STATE

No liability shall attach to the Health Service Executive, its servants or agents, in respect of any costs or expenses incurred by the Patient or Applicant on this application and the results of such determination being communicated to the Applicant. Any arrangements made by the Applicant or Patient prior to such determination may not subsequently be ratified by the Health Service Executive and may invalidate the application.

In submitting this pro-forma invoice (complete or incomplete) I the undersigned give my permission for my medical records or other clinical information to be accessed and copied for the purposes of processing this claim by the HSE. I understand and accept my clinical information can and may be provided to other hospitals or health care facilities or clinical advisors in the assessment of the reimbursement claim. In signing my name hereunder I acknowledge and accept this position and give my consent for same.

\_\_\_\_\_  
Applicant's signature (or parent or guardian's signature)

\_\_\_\_\_  
Date

#### 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	

**SECTION A-Continued**

Only complete the next section if you are making an application on behalf of a Patient under 18 years of age or over 18 years of age and dependant.

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 by the treating clinician abroad)**

The treating clinician must fully complete Section B and provide sufficient information, giving details of the treatment provided to the patient and the provider of treatment abroad. Referrals must be on the basis of medical necessity and to the healthcare system of another EU/EEA member state.

Applications for reimbursement must be accompanied by a copy of the detailed clinical referral letter from the referring clinician to the accepting clinician, outlining details and history of the patient's condition and the type of treatment envisaged.

The onus is on the treating/referring consultant to seek, provide and certify the answer to each question in Section B.

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			
PATIENT NAME			
PATIENT ADDRESS			
DATE OF BIRTH		/ /	
Treatment Date(s)			
Admission Date:		Discharge Date:	
Treatment provided			
DRG CODE OF TREATMENT PROVIDED (DRG codes only apply to inpatient and day case treatments not outpatient care. It is only the treating consultant abroad who can identify the DRG for the treatment he or she has provided) (the relevant ready recknor is available on the HSE website by following the link below).			
		<a href="http://www.hse.ie/eng/services/list/1/schemes/cbd/Ready%20Reckoner.pdf">http://www.hse.ie/eng/services/list/1/schemes/cbd/Ready%20Reckoner.pdf</a>	
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)			
DRG CODE OF TREATMENT PROVIDED (the relevant ready recknor is available on the HSE website by following the link below).			
		<a href="http://www.hse.ie/eng/services/list/1/schemes/cbd/Ready%20Reckoner.pdf">http://www.hse.ie/eng/services/list/1/schemes/cbd/Ready%20Reckoner.pdf</a>	
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)*

**SECTION B-Continued**

Please set out hereunder a summary of the condition from which the patient suffers:


Please certify the specific treatment that the patient required outside the State:

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Is this treatment available within the State? YES  NO   
(only treatments which are available in Ireland qualify for reimbursement under the CBD)

Please confirm the reason why you/the patient is opting to travel abroad?

Length of wait for the treatment in Ireland:   
Quality of the service abroad:   
Proximity to my place of residence:   
Other

If Other please provide details: \_\_\_\_\_  
\_\_\_\_\_

(this information has no bearing on the application decision it is just for the purposes of information on the reasons why patients are opting for care under the CBD)

Is the patient currently receiving this treatment in Ireland? YES  NO

If yes, please provide details:

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Is the treatment medically necessary? YES  NO

Will the treatment meet the patient's needs? YES  NO

Is this treatment contrary to the Irish Constitution or any legislation, to your knowledge? YES  NO

Is the treatment regarded as a proven form of medical attention and not experimental or test treatment? YES  NO

Is the treatment required as a result of injuries received in a road traffic accident or other accidental injury? YES  NO

Does the proposed healthcare pose any public health risks for the patient and/or the public in general? YES  NO

If yes, please give details:

**SECTION B-Continued**

Is the treatment abroad being provided in a recognized hospital or other institution which is under the control of a Registered Medical Practitioner? YES  NO

Is that hospital a public hospital available to National Health Agencies for Public Patients in that country? YES  NO

THE ONGOING CARE OF A PATIENT WHO HAS AVAILED OF TREATMENT ABROAD REVERTS TO THE REFERRING PHYSICIAN IMMEDIATELY UPON THE PATIENT’S RETURN TO IRELAND.

I declare that the above particulars are, to the best of my knowledge true and correct. I am aware that the application will be based on this information and that any new information coming to light may impact on the decision in this case and/or negate any authorisation given without such relevant information.

It is policy of the HSE to ensure that therapeutic and medical facilities abroad where children are placed are fully compliant with their local child protection laws and policies and that they are signatories to the Hague Convention. In signing this application form I the referring consultant am confirming that I am satisfied the facility to which I am referring this child meets the requirements of the policy.

Signature of treating clinician: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C- (to be completed in full by Patient/Applicant)**

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:** \_\_\_\_\_

\* Reimbursement will be at the cost of the treatment you availed of abroad or the cost of providing the healthcare in Ireland whichever 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, except in circumstances where that limit has already been reached by the patient in Ireland or is a medical card holder. 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 inpatient levy that would have charged 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.

**Patient Check List of Required Documentation**

**Have you included:**

The completed pro-forma invoice in English (optional but highly recommended – are all section completed	
The referral letter from the Irish physician who referred you abroad or copy of letter of place on public waiting list in Ireland.	
The original invoice from the healthcare provider abroad	
The receipt of payment from the healthcare provided abroad	
Proof of travel has been provided.	



**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.**