



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive Cross Border Directive: Pro-Forma Invoice

The HSE operates a Cross Border Directive (CBD), for persons entitled to public patient treatment in Ireland who seek to avail of that treatment in another EU/EEA member state under Directive 2011/24/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 the directive and EU Regulations 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 healthcare under the Cross Border Directive scheme (CBD) 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 7784546 or 056 7720551. Email: crossborderdirective@hse.ie
Webpage: <https://www2.hse.ie/services/schemes-allowances/cross-border-directive/>

The CBD allows patients ordinarily 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/or his/her referring clinician 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 has 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 available and/or funded 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 the treatment in Ireland whichever is the lesser. Please note that in the case of inpatient care abroad, the HSE will deduct the statutory inpatient levy per day as applies as if the patient was accessing the 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 that care is funded through general taxation plus the statutory payment the patient would have made here in Ireland. In Budget 2023 it was announced that public in-patient fees will be removed for all patients from 1 April 2023.

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. Only the cost of the medical treatment provided is eligible for reimbursement. 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 treatment abroad, you should be aware that all fees associated with their services are not eligible for reimbursement by the HSE.

Prior notification for all hospital care involving overnight accommodation is recommended but not a requirement.

This pro-forma invoice should be completed by you and your healthcare provider abroad in English in order to facilitate your claim for reimbursement. 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. 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 completed pro-forma invoice should be submitted with the healthcare provider's original invoice and the original receipt and the referral letter used to access the healthcare. 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 fail 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 fide 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.

It is recommended the patient/applicant submits 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 invoice 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 or day case treatment abroad must provide evidence of assessment at an outpatient consultation on a date prior to the date of admission for the inpatient or day case treatment either with the consultant abroad or with a consultant treating the patient in a public capacity in Ireland. A telemedicine consultation may be used for the purpose of a day case treatment. Evidence of a telemedicine consultation must be in the form of a copy of the record of the consultation from the patient's official medical record. An inpatient episode of care requires an in-persons consultation between the consultant and the patient on a date prior to the inpatient admission date.

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 or where relevant information is withheld or failed to be submitted, 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.

If you require any assistance in completing this form, please contact the NCP who will be happy to advise you.

Section B

This part of the pro-forma invoice is to be fully completed by the patients/applicants 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 and 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 office.

Processing

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

Only healthcare accessed abroad is eligible for reimbursement. An outpatient appointment takes place on a date prior to inpatient or day case treatment.

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 the inpatient levy charge as if the treatment were availed of in the public healthcare system in Ireland. Healthcare in Ireland is funded through general taxation, therefore the cost of the provision of that care is funded through general taxation plus the inpatient levy that would have been charged here in Ireland. In Budget 2023 it was announced that public in-patient fees will be removed for all patients from 1 April 2023. 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. Where the healthcare would have been provided on a day case basis in Ireland but was provided on an inpatient basis abroad, the reimbursable rate will be the day case rate. The public healthcare system is not required to assume costs it would not have otherwise assumed if the treatment had been provided in Ireland.

Where proof of the exchange rate as accessed by the applicant is evidenced in the application for reimbursement, that is the rate that will be used for calculating the reimbursement.

Orthodontic Treatment

All claims for reimbursement will be processed when the patient enters the retainer stage of their treatment. Please ensure that all the required documentation has been submitted to allow your claim to be processed. Please ensure that you obtain a proof of travel for each appointment attended abroad such as a till receipt, parking ticket, etc. Failure to provide proof of travel for each appointment may result in your application being declined for payment. If any element of the treatment is provided in the private sector in Ireland, the treatment will not be eligible for reimbursement.

PRO FORMA INVOICE

APPLICATION FORM FOR REIMBURSEMENT TOWARDS THE COST OF MEDICAL TREATMENT
UNDER THE PROVISIONS OF THE CROSS BORDER DIRECTIVE

SECTION A- To be completed in full by Patient/Applicant

Patient Details

NAME:	<input type="text"/>	ADDRESS:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>		
TEL NO:	<input type="text"/>	MOBILE NO:	<input type="text"/>
PPS NO:	<input type="text"/>	MEDICAL CARD NO:	<input type="text"/>
		*Submit Photocopy also	

Are you in receipt of a pension or other income from another country? If so which other country and please provide details to include the type and value of the income. (Please identify the type of pension. Evidence of the pension will be required) **IMPORTANT - Please see pensions note on page 8 for further explanation.**

Are you a dependent of a person who is in receipt of a pension or other income from another country? If so which other country and please provide details to include the nature and value of the income.

NAME PRIVATE HEALTH INSURANCE COMPANY	<input type="text"/>	MEMBERSHIP NO.	<input type="text"/>
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HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?	<input type="text"/>
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IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.	<input type="text"/>
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GP's Details

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

Name of Patient's GP	<input type="text"/>
GP's Address	<input type="text"/>
GP's Telephone Number	<input type="text"/>

Please read in full before signing the declaration.

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 completing this application form, you must ensure the information you provide is accurate and true. The inclusion of false, misleading or inaccurate information or the omission of information relevant to the decision on reimbursement will mean the CBD office will reserve the right to refer the matter to the appropriate authority and the repayment of any reimbursement drawn down will be required without exception. The CBD office reserves the right to review a patient's medical records to clarify any information as appropriate. I accept that in the event of the submission of false, misleading or inaccurate information or documentation or the failure to submit relevant information 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.

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, healthcare 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.

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 the HSE immediately should I receive any refund from the provider **or any other party** eg 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

Parent/Guardian Details

*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:	<input type="text"/>	ADDRESS:	<input type="text"/>
NAME:	<input type="text"/>		
TEL NO:	<input type="text"/>	MOBILE NO:	<input type="text"/>
NAME PRIVATE HEALTH INSURANCE COMPANY	<input type="text"/>	MEMBERSHIP NO.	<input type="text"/>
HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?	<input type="text"/>		
IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.	<input type="text"/>		

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, you are confirming that you are satisfied the facility in which the child's care is being provided meets the requirements of the policy.

Signature of Parent or Guardian: _____ **Date:** _____

This section should only be completed if you are making a claim for compensation for your injury from a third party.

Is the patient a victim of a road traffic incident or other accidental injury?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a claim for compensation against a third party?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide the details of your solicitor:				
Solicitors Name (acting for the patient)	<input type="text"/>			
Solicitors Address	<input type="text"/>			
<i>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 Directive, resulting from the road traffic accident or accidental injury.</i>				
<i>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 Directive are reimbursed to the HSE. Unsuccessful claims must be brought to the attention of the HSE Cross Border Directive.</i>				
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.				
Applicant's Signature: _____ Date: _____				
Signature is required where the patient has been a victim of a road traffic accident or other accidental injury and a claim for compensation against third party is/will occur.				

SECTION B - (to be completed in full by the treating clinician abroad)

The treating clinician should fully complete Section B and provide sufficient information including details of the treatment provided to the patient. Reimbursement of healthcare is based on the evidence of the medical necessity evidenced in the documentation.

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. In the case of a reimbursement for inpatient or day case treatment, evidence of the outpatient consultation which took place on a date prior to the inpatient or day case procedure and at which the medical necessity was determined must also be included for the purposes of reimbursement.

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

Details of 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

Type of treatment – i.e. outpatient/day case/inpatient

Outpatient attendance date: In person: Telephone: Video:

Day case Only: Date of Treatment:

Inpatient Treatment Only: Date of Admission: Discharge Date:

Specific Treatment/Procedure Provided:

DRG CODE OF TREATMENT PROVIDED
(DRG codes only apply to inpatient and day case treatments and not to outpatient care. It is the Hospital abroad which is responsible for identifying the DRG. DRG are identified using an appropriate IT system and trained DRG coders). The relevant ABF Price list is available on the HSE website by following the link below.

Day case Treatment from 01st July 2022: https://assets.hse.ie/media/documents/Admitted-Patient-Price-List-Daycase_2022.pdf

Inpatient Treatment from 01st July 2022: https://assets.hse.ie/media/documents/Admitted-Patient-Price-List-Inpatient_2022.pdf

Day case Treatment carried out up to 01st July 2022: https://assets.hse.ie/media/documents/admitted-patient-price-list-summary-daycase_IMpt7Dj.pdf

Inpatient Treatment carried out up to 01st July 2022: https://assets.hse.ie/media/documents/admitted-patient-price-list-summary-inpatient_cdl9qTO.pdf

How was the DRG Code arrived at: ICD 10 SYSTEM OPERATED BY TRAINED CODERS BEST GUESS

Cost: (original invoice and receipts must be submitted, these will be copied for file purposes and returned to you)* €

Treatment Provided (secondary):

Type of the (secondary) treatment – i.e. outpatient/day case/inpatient

Specific (secondary) Treatment/Procedure provided:

DRG code of secondary treatment (where appropriate):

Cost: (original invoice and receipts must be submitted, these will be copied for file purposes and returned to you) €

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.

Signature of treating clinician: _____

Date: _____

IMPORTANT – CHECK LIST

Submitting a claim for reimbursement in respect of CBD healthcare

When submitting a claim for reimbursement of healthcare provided under the provisions of the Cross Border Directive Scheme please ensure you include the following:

- A valid path of referral i.e. a referral letter* or a copy of a waiting list letter for a public hospital in Ireland if same has not already been provided at prior notification stage. *See below for clarification on a valid referral letter.
- A fully completed Pro Forma Invoice** form (Pink in colour) in English only.
- The original invoice from the healthcare provider abroad.
- The original receipt of payment from the healthcare provider abroad.
- Proof of your payment of your healthcare costs: To achieve reimbursement **you (the patient)** must be able to provide evidence that **you have incurred (paid)** the cost of the treatment **directly to the hospital abroad**. Proof of payment can take many forms for example: e.g. Bank transfer, Credit Card Payment (Statement).
- Proof of travel abroad e.g. flight/ferry tickets, accommodation receipts in patients/applicants name, toll/parking charges or a till receipt from a shop in the locality.

IMPORTANT - Pensions Note – Page 3

You may need to apply for the CBD scheme in another country if you:

- get your income from another EU or EEA country
- are a dependent of someone who gets their income from another EU or EEA country

Contact the National Contact Point for the other country to check if they are responsible for your claim. They can also tell you if you are entitled to a reimbursement.

[Download a list of national contact points for cross-border healthcare \(PDF, 808KB, 9 pages\)](#)

If the UK or Switzerland is your competent State under EU Regulation 883/04, you cannot use the CBD scheme.

IMPORTANT – CHECK LIST

Checklist

Have you included?

A. *Path of referral:

A valid GP/consultant (public) letter of referral:	Yes	No
1. Predating your consultation abroad	<input type="checkbox"/>	<input type="checkbox"/>
2. To a named consultant abroad	<input type="checkbox"/>	<input type="checkbox"/>
3. Addressed to the treating hospital abroad	<input type="checkbox"/>	<input type="checkbox"/>
4. Signed by your GP/consultant (public) (not a member of the practice staff).	<input type="checkbox"/>	<input type="checkbox"/>

Or

A waiting list letter from a public hospital in Ireland:	Yes	No
1. A waiting list letter confirming that you are on the public waiting list in Ireland at the time of your consultation abroad	<input type="checkbox"/>	<input type="checkbox"/>

B. **Pro Forma Invoice, (optional but recommended)

A valid GP/consultant (public) letter of referral:	Yes	No
1. Section A completed in full by applicant	<input type="checkbox"/>	<input type="checkbox"/>
2. Section B completed in full by your treating consultant/clinician abroad.	<input type="checkbox"/>	<input type="checkbox"/>

**Please ensure that your treating consultant/clinician abroad provides the inpatient or day case DRG code from the list published on the HSE website. This can be accessed on the HSE ABF Price List, please follow these links:

Day case Treatment from 01st July 2022: https://assets.hse.ie/media/documents/Admitted-Patient-Price-List-Daycase_2022.pdf

Inpatient Treatment from 01st July 2022: https://assets.hse.ie/media/documents/Admitted-Patient-Price-List-Inpatient_2022.pdf

Day case Treatment carried out up to 01st July 2022: https://assets.hse.ie/media/documents/admitted-patient-price-list-summary-daycase_ILMpt7Dj.pdf

Inpatient Treatment carried out up to 01st July 2022: https://assets.hse.ie/media/documents/admitted-patient-price-list-summary-inpatient_cd19qTO.pdf

IMPORTANT – CHECK LIST

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Invoice(s) for healthcare subject to claim for reimbursement | <input type="checkbox"/> | <input type="checkbox"/> |
| • Receipt(s) for each invoice submitted subject to claim for reimbursement | <input type="checkbox"/> | <input type="checkbox"/> |
| • Proof of your payment of your healthcare costs: To achieve reimbursement you (the patient) must be able to provide evidence that you have incurred (paid) the cost of the treatment directly to the hospital abroad. Proof of payment can take many forms for example: e.g. Bank transfer, Credit Card Payment Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| • Proof of Travel | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Flight/ferry tickets, accommodation receipts, toll/parking charges or a till receipt from a shop | <input type="checkbox"/> | <input type="checkbox"/> |
| • Evidence of your initial outpatient consultation with your treating clinician abroad on a date prior to your admission. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. An invoice & receipt from your initial consultation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A medical report which includes the date of your initial consultation. | <input type="checkbox"/> | <input type="checkbox"/> |

Proof of an initial consultation is not required where a person has already been assessed by their public consultant in Ireland and subsequently been placed on an inpatient treatment waiting list and where this waiting list letter is being submitted as your path of referral for your treatment abroad. The initial consultation or outpatient consultation must pre-date any inpatient or day case treatment.

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Medical Card Details | | |
| 1. Have you included a photocopy of your medical card? | <input type="checkbox"/> | <input type="checkbox"/> |

For Orthodontic Treatment Only.

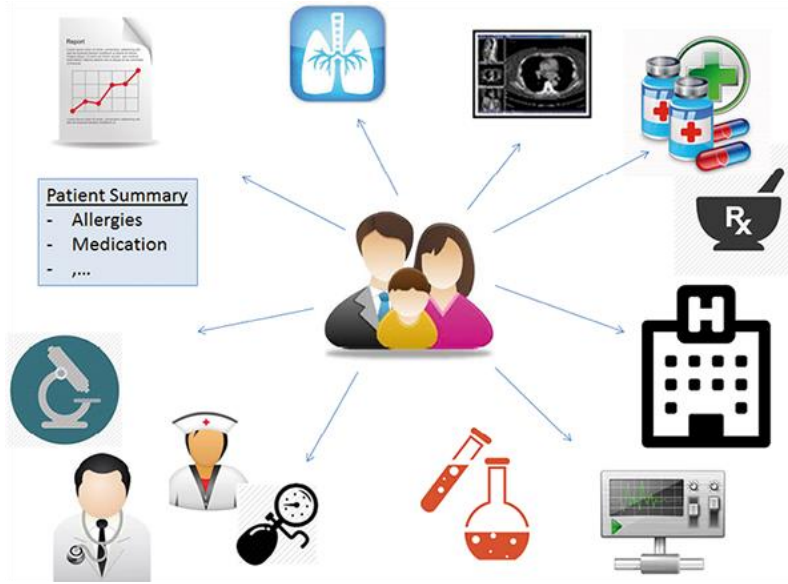
- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. A HSE Orthodontic Assessment* confirming the grade and category you have been assessed. | <input type="checkbox"/> | <input type="checkbox"/> |

If you are currently on a HSE Orthodontic Assessment Waiting list in Ireland but have not yet been assessed then you can choose to have this assessment carried out abroad and claim up to €100.00 towards the cost of the assessment. The assessment abroad must be carried out in line with the HSE Orthodontic Assessment Tool. (Where the orthodontic assessment has already been carried out in Ireland, a claim for assessment abroad is not eligible for reimbursement under the scheme).

The Cross Border Directive

Typical Public Patient Pathway

**How do I access Hospital Care Abroad under the provisions of the Cross Border Directive (CBD)?
(A typical patient pathway to hospital care – A guide)**



This page is designed to guide a patient through a typical patient pathway for accessing healthcare under the provisions of the CBD generally accessed in an acute hospital setting. Please bear in mind that this is only a guide on the most common pathway and access to certain types of care will require a different pathway so if in doubt – ask!! Also please read the other pages of this webpage in conjunction with this guide. Any queries should be made to the National Contact Point (NCP) as per the contact details.

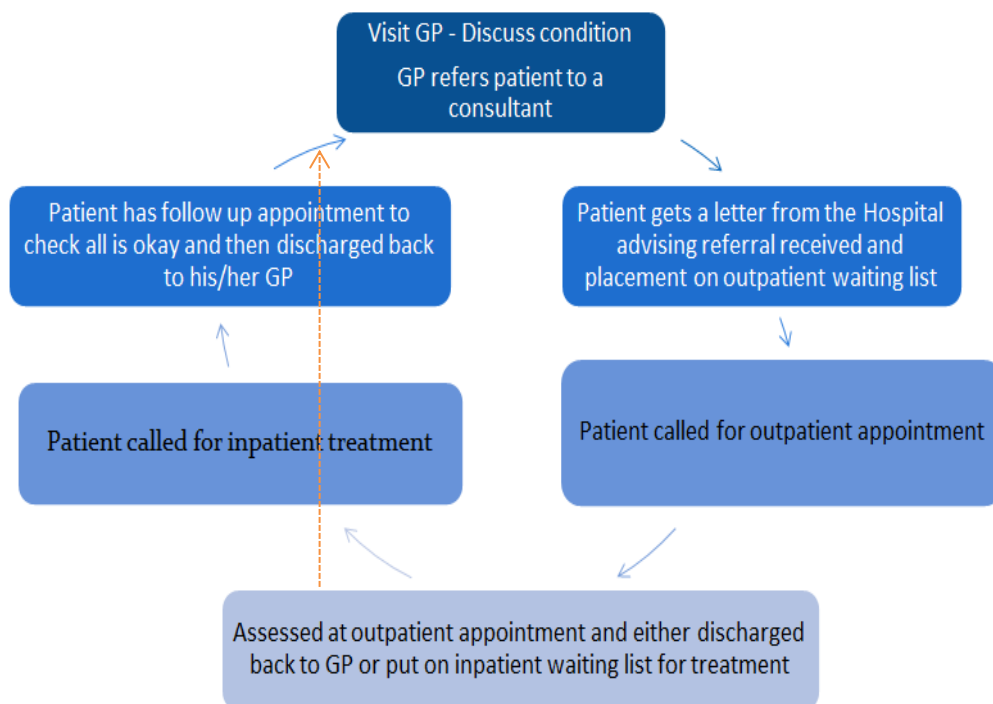


First things first:

1. The CBD allows a public patient to access healthcare which he/she is entitled to access in Ireland. Therefore:
 - A patient may not use a private appointment in Ireland to circumvent any part of the patient journey. For example you cannot use a private outpatient appointment in Ireland for the purposes of accessing healthcare under the CBD.
2. The CBD does not give a patient additional rights – it simply gives the patient an option to access necessary care in any country in the EU/EEA. The same requirements of that access apply as applies in Ireland. For example a patient cannot simply present at an outpatient clinic in a hospital in Ireland and expect to be seen: the patient must have a referral from his/her GP in the first instance.

A typical Public Patient Pathway
A patient is not classified public or private at GP stage.

At any stage during the process represented below the patient may opt to use the provisions of the CBD. Please note an outpatient consultation may not take place on the date of admission it must take place on a date prior to admission for an inpatient or day case treatment.



For the purposes of this webpage the following will describe how a patient can access hospital care in another country under the CBD.



Step 1: Establishing necessary care – referral.

Visit your GP/primary care clinician and discuss your condition. The GP/primary care clinician will evaluate the information and based on same may decide to refer you to a public hospital consultant. Alternatively remember the GP/primary care clinician may decide that your condition is such that a more conservative approach is appropriate at this time and seek to manage same without referral to a hospital consultant.

If your GP/primary care clinician deems it appropriate he/she will write what is known as a referral letter which is a letter to a hospital consultant. A referral letter must contain the following information (ICGP Guidelines):

- Name and address of a hospital consultant (while the referral letter must be to a named doctor at an identified hospital/facility that is not to say that that is the specific doctor and hospital the patient must attend).
- Personal details of the patient, name, address, date of birth, etc.
- Outline of the patient's current health and any other relevant information.
- Outline of the issue for which the patient is being referred.
- GP signature and date.

Things to note:

- The NCP will not accept a referral letter which is not signed by the clinician (e.g. it cannot be signed by his/her secretary or nurse).
- The NCP will not accept a referral letter which is not dated. Remember the referral letter must be issued and thus dated before accessing the healthcare abroad under the CBD.
- The referral letter must be properly addressed to a named doctor, an identified specialty and an identified facility.

Other things to note:

- Just as a GP may refer a patient, likewise a consultant that the patient is attending in a public capacity may also refer the patient.
- A GP may not be comfortable referring a patient to a doctor and/or facility abroad that he/she does not know. In this scenario the GP may address the referral to a hospital consultant he/she is familiar with and the patient may then choose to use that referral to access healthcare abroad. In doing so the patient accepts all clinical liability for his/her choice of provider abroad.



Step 2: Arrange an outpatient appointment.

Now that the patient has a referral letter he/she may decide to access that healthcare in another jurisdiction in the EU/EEA.

The CBD allows the patient to access the healthcare in the public or private sector abroad. Remember the healthcare must be accessed abroad and not in Ireland – the patient must travel.

When the patient has identified a provider abroad he/she makes contact with that provider to arrange an outpatient appointment. Remember the patient must travel abroad for the outpatient appointment – telemedicine e.g. video conferencing, skype, etc. may not be used. If a patient uses telemedicine rather than travel abroad then he/she will not be eligible for reimbursement for the telemedicine care or any care that is provided in follow up.

The outpatient appointment takes place on a date prior to any inpatient or day case treatment. The reasons for this are:

- Only after assessing the patient can a consultant make a decision as to future care needs and if inpatient or day case treatment is warranted the consultant can discuss same with the patient prior to scheduling such treatment.
- It ensures the patient leaves the consultant's rooms and has time away from the healthcare facility to consider:
 - Whether he/she wishes to proceed with the treatment/with the consultant (informed consent),
 - Any further questions he/she may wish to explore prior to making a decision to proceed with the treatment as proposed.

The hospital abroad will likely seek a copy of the referral and may ask for your medical records. Access to medical records from a hospital should be requested directly from the specific hospital.

The patient receives an appointment for an outpatient consultation with the consultant in the hospital abroad.



Step 3: Outpatient consultation/assessment – necessary care.

The patient has now received an appointment for an outpatient consultation with the consultant abroad.

The patient travels abroad. Travel expenses incurred etc. are not eligible for reimbursement under the scheme and are therefore a cost the patient will incur.

Most hospitals abroad will seek payment upfront from the patient for the outpatient attendance and likely for all other attendances. The maximum reimbursement rate for the outpatient attendance is €178.

There are many variations of an outpatient attendance for example:

- Meeting and examination by a consultant.
- Examination by a consultant with x-rays, lab tests, bloods, etc.
- Examination by a consultant with a minor procedure e.g. removal of a lump or bump for biopsy or otherwise, etc.
- MRI or CT.

At the outpatient attendance the consultant may decide the patient requires an inpatient or day case procedure. If so we recommend the patient considers applying for prior notification from the NCP.



Prior notification is optional but the NCP introduced it for the following reasons:

- It requires the consultant abroad to fill in section B of the prior notification form thus identifying the proposed treatment and the cost of same.
- It requires the consultant abroad to identify the DRG code for the treatment from the HSE's ready reckoner (on the webpage) which identifies the maximum reimbursement rate.
- It allows the patient time to leave the consulting rooms and by submitting the prior notification application form to the NCP, the patient then has what is effectively a cooling off period in which to decide whether or not:
 - a. He/she can afford the treatment upfront or can secure the funding.
 - b. Whether or not he/she is comfortable with the consultant and the facility abroad.
 - c. Consider any shortfall between the cost abroad and the reimbursement rate from the HSE and if in the event there is a shortfall that he/she is happy/willing to proceed.

Please be aware that prior notification and the proposed treatment identified is just that "proposed treatment". At the time of the treatment the consultant may change the treatment or may require to provide additional treatment. Therefore the actual treatment may differ from the proposed treatment. It is the actual treatment which will be eligible for reimbursement. Remember a patient is entitled to be reimbursed for the treatment actually provided not for the treatment which was indicated at prior notification but not provided.

The hospital abroad will schedule your inpatient or day case treatment.



Warning!!

It is our experience that consultant abroad often identify the incorrect code at Prior Notification stage. At reimbursement stage the HSE reserves the right to have a DRG code identified by a consultant abroad independently reviewed and it is the outcome of that independent review which will be used.

A patient may submit the invoice, receipt, proof of payment and proof of travel for the outpatient consultation at this stage or hold same and submit at the conclusion of all the treatment to be provided.



Step 4: Inpatient Care

Inpatient or day case treatment abroad. The patient will be given a date for the inpatient or day case treatment. The patient will likely be asked to attend the hospital early or even the night before for what is known as a pre-op assessment. Most hospitals abroad will require payment upfront before the patient is admitted for the treatment.

The patient is admitted, has the treatment and is then discharged.

The hospital will provide the patient with a discharge letter which will be addressed to the GP that referred the patient. Or the hospital may post the discharge letter directly to the GP.

What is a proforma invoice? How does it work?



Before leaving the hospital ask the consultant to fill in part B of the pro-forma invoice. The use of the pro-forma invoice form is optional but if it is fully completed in English, the NCP should have all the information required to process a reimbursement for the patient. For example the pro-forma invoice requires the consultant abroad to identify the DRG code for the treatment he/she has provide.

Step 5: Discharged

Upon discharge the patient should submit any and all invoices for the treatment he/she received. The following are the documents that should be submitted:

- Original invoice(s) from the hospital abroad.
- Original receipt(s) from the hospital abroad.
- Proof of payment.
- Proof of travel.
- Pro-forma invoice (optional but in the absence of same the patient will be required to provide documentation from the hospital abroad as to the DRG code of the treatment provided).
- Vendor form. The vendor form provides the details the HSE requires to transfer the reimbursement to the patient's bank account. The reimbursement will only be made to the patient except in certain circumstances e.g. parent of a child where the child is the patient.



Step 6: Reimbursement

Reimbursement is made as soon as possible upon receipt of all the necessary documentation but we aim to ensure it is received by the patient within 20 working days.

To achieve reimbursement the patient must be able to provide evidence that he/she has incurred the cost of the treatment and paid for that treatment to the hospital abroad directly. Proof of payment can take many forms for example:

- Cash register receipt.
- Credit/debit card receipt.
- Copy of the electronic fund transfer (EFT) from the patient's account to the account of the hospital abroad.
- Copy of bank draft in favour of the hospital abroad.

Patients should be careful to ensure they can demonstrate that they i.e. the patients, can demonstrate they incurred the cost. For example the HSE cannot accept any representation that someone else made the payment on the patient's behalf e.g. a relative, a friend, a charity, a medical tourism company etc.

Patients should ensure they make the payment to the hospital abroad directly. Payments made to a third party e.g. a medical tourism company, are not evidence of payment for treatment and will result in the application for reimbursement being declined.

WARNING: Are you or are you a dependent of a person who is in receipt of an income from another EU or EEA country?

If you are in receipt of an income from another EU or EEA country(ies) or are a dependent of a person who is in receipt of an income from another EU or EEA country(ies) you should contact the National Contact Point of the country or countries from which you receive the income to clarify if that country is responsible for reimbursing you. Certain persons for example pensioners or frontier workers (someone who works in one country but lives in another) etc., need to contact the country from which they receive the income to confirm entitlement to reimbursement as Ireland may not be the country which provides reimbursement. Persons who are in receipt of an income from the UK or Switzerland do not have entitlement to use the CBD as neither of these countries are party to the provisions of the Directive.