



# TEMPLATE FOR NATIONAL CONTACT POINTS

*for good information provision  
towards healthcare providers  
in cross-border healthcare<sup>1</sup>*

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Healthcare providers

Directive 2011/24/EU\* points out the need of appropriate and clear information on all aspects of cross-border healthcare\* in order to enable patients to exercise their rights in practice. National Contact Points\* for Cross-border Healthcare (NCPs) bear crucial responsibility for such information provision to mobile patients.

Besides, NCPs are obliged to inform patients indirectly, through the provision of information to other actors in cross-border healthcare\*, such as healthcare providers, national health services\*/or health insurance providers\* and patient organisations.

Following template can be used by NCPs as a starting point for the provision of essential information on their website or in personal counselling towards healthcare providers treating foreign patients under both the Social Security Regulations (EC) 883/2004 and 987/2009\* and Directive 2011/24/EU\*.

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

## *Disclaimer*

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

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## ① Patients' rights on cross-border healthcare

### 1.1. Legal framework: Social Security Regulations\* and Directive 2011/24/EU\*

Foreign patients coming from other EU\*/EEA\* countries or Switzerland\* are entitled to access healthcare abroad and to enjoy assumption of costs by their home country\* under the so-called European *right to cross-border healthcare\**.

Cross-border healthcare\* can be defined as the right to *access medical diagnosis, medical treatment, and prescription and dispensation of medicines and medical devices outside the country of residence, in any other EU\*/EEA\* Member State or Switzerland\** (without the prerequisite of a shared geographical border between both).

The patient's specific rights and entitlements will depend largely on the reasons for his or her stay abroad and under which EU legal instrument he or she is accessing cross-border healthcare: either under the Social Security Regulations (EC) 883/2004 and 987/2009\* or under Directive 2011/24/EU\*.

#### 1.1.1. Entitlements under the Social Security Regulations\*:

Under the Social Security Regulations (EC) 883/2004 and 987/2009\* patients from other EU\*/EEA\* countries or Switzerland\* are entitled to assumption of costs for treatment *as though they were insured under the social security system of the country of treatment\**. As a result, the patient will be considered as a domestic patient with public health insurance and entitlements to public health services.

*Please be aware that in order to be entitled to being treated as a patient with public health insurance, the patient will have to present you with a document of proof of entitlement, issued by his or her national health service\*/ health insurance provider\* back home (see section 1.3).*

Patients may enjoy assumption of costs according to the payment method and tariffs applied in the country of treatment\*. The foreign patient will have to be treated as a patient with public health insurance. As a result, when treatment is free of charge for domestic patients\*, foreign patients will also enjoy third-party payment\*. In this case you may only bill the amount of any possible co-payment\* directly to the patient. The local social security authority will be involved and will pay you according to the standard rates in place for covered health services provided under the social security scheme/ national health service\*. When, however, domestic patients have to pay all medical costs upfront, you must also ask for such upfront payment\* in case of foreign patients. Retrospectively, the patient will be entitled to file for reimbursement with the local social security authority or with their own national health service\*/ statutory health insurance provider\* upon their return home. If patients need more information on reimbursement and costs, please inform them to contact their national health service\*/ health insurance provider\* or the National Contact Point\* of their home country\*.

Please note that you can only treat foreign patients under the Social Security Regulations (EC) 883/2004 and 987/2009\* when you are contracted or affiliated to the social security scheme

and entitled to provide sickness benefits covered under the public health insurance/ national health service. Always inform the patient concerned on your registration status !

### **1.1.2. Entitlements under Directive 2011/24/EU\*:**

Under Directive 2011/24/EU\* patients are entitled to access healthcare in any other EU\*/EEA\* country and to enjoy assumption of costs in their home country\* *as though the treatment was provided within the patients home country's own territory\**.

In case the patient is accessing treatment abroad under Directive 2011/24/EU\*, he or she must be treated as a domestic patient with private health insurance.

You will bill all medical and other costs directly to the patient. Please be aware that the patient must be charged with the same fees as for domestic patients. The patient will be entitled to file for retrospective reimbursement with his or her own national health service\*/ statutory health insurance provider\* upon return home. If patients need more information on reimbursement and costs, please inform them to contact their national health service\*/ health insurance provider\* or the National Contact Point\* of their home country\*.

Please note that patients must be aware of the fact that they will only enjoy assumption of costs under Directive 2011/24/EU\* when the treatment is covered under the social security scheme of the patient's home country\*. Before receiving treatment under Directive 2011/24/EU\*, the patient should contact his or her national health service\*/ health insurance provider\* at home for more information.

## **1.2. Unplanned versus planned treatment abroad**

A distinction is made between unplanned\* and planned medical treatment\* abroad. Different rules apply depending on whether or not the patient travelled abroad with the explicit purpose of accessing healthcare.

More specifically, the difference between unplanned\* and planned treatment\* is the reason for the patient's stay abroad.

- Unplanned treatment\*: patients are in need of medically necessary treatment\* due to sudden illness or injury whilst being abroad for example during a holiday, business trip, family visit or exchange studies (see section 2.1.).
- Planned treatment\*: the treatment abroad is the explicit reason for the patient's stay abroad.

### **1.2.1. Unplanned treatment\*:**

When a patient becomes suddenly ill or get injured during his or her stay abroad, for example resulting from appendicitis, a car accident or an unfortunate fall, he or she will be entitled to medically necessary treatment\* and will enjoy assumption of costs under the public health insurance\*/ national health service\* in the patient's home country\*.

More specifically, the patient will be entitled to medically necessary treatment\*, that is treatment due to sudden illness or injury that can't be postponed and that the patient must obtain in order to be prevented from being forced to return home before the end of the planned

duration of his or her stay. The treatment may in no case have been the initial reason for the patient's stay abroad. It is within your medical discretion to decide whether the treatment is medically necessary\* or not.

Treatment during a short-term stay abroad resulting from chronic illness (such as diabetes, asthma, cancer or chronic kidney disease) or pregnancy, may also be considered as medically necessary treatment\*. As long as the express purpose of the patient's stay was not to access medical treatment\*, such as to give birth or to receive treatment regarding pregnancy or chronic illness, this may be considered as medically necessary treatment\* under the Social Security Regulations (EC) 883/2004 and 987/2009\*. A pregnant person who is temporarily staying in this country to be closer to her family, can give birth under the legal scheme of unplanned treatment\* abroad as long as the purpose of her stay was to be closer to her family and not solely to give birth.

In case of vital care requiring specialised equipment or staff, a prior agreement with the patient may be required in order to ensure the availability and continuity of treatment during the patient's stay abroad. Examples of such treatment are kidney dialysis, oxygen therapy, special asthma treatment and chemotherapy.

The most common route for foreign patients to enjoy assumption of costs in case of medically necessary treatment\* is by presenting a valid European Health Insurance Card\* (EHIC\*). The EHIC\* is a document of proof of entitlements to public healthcare, issued by the patient's national health service\*/ statutory health insurance provider\* back home.

On the display of a valid EHIC\* the patient is entitled to enjoy cross-border healthcare\* under the Social Security Regulations (EC) 883/2004 and 987/2009 and thus as a patient with public health insurance.

If the patient is treated without a valid EHIC\* or the EHIC\* can't be used, for example in case of private treatment or in case you as healthcare provider are not registered under the social security scheme, the patient must be treated as a private patient. You are entitled to bill all costs directly to the patient. Remember that the patient must be charged at the same fees as for domestic patients. Under Directive 2011/24/EU\* the patient may be able to file for reimbursement\* in his or her home country\*.

### **1.2.2. Planned treatment\*:**

Under EU legislation, a patient insured under the social security legislation of an EU\*/EEA\* country is also entitled to seek treatment in any other EU\*/EEA\* country or Switzerland\* and to enjoy assumption of costs in his or her home country\*.

To be treated under the Social Security Regulations (EC) 883/2004 and 987/2009\* the patient concerned will have to present you with a document of proof of entitlement. More specifically, the patient has to present a valid S2 form\*. The S2 form\* is known as prior authorisation\*, which is the prior approval the patient needs from his or her national health service\*/ health insurance provider\* back home, in order to be able to be treated as a public patient abroad.

When the patient is not able to present a valid S2 form\*, he or she will be treated as a private patient. The patient will have to pay for the medical costs him or herself. Under certain conditions, the patient may file for reimbursement in his or her home country\*. However, there will not be any involvement of the local social security authority.

### 1.3. Document of proof needed for public treatment

#### The European Health Insurance Card\* and the S2 form\*

To be treated as a patient with public health insurance (and thus under the legal scheme of the Social Security Regulations (EC) 883/2004 and 987/2009\*), the patient will have to present a document of proof of entitlement. In case of medically necessary treatment\*, that is unplanned treatment, a valid European Health Insurance Card\* suffices. When, however, the treatment can be considered as planned or scheduled the patient will have to present a valid S2 form\* (former E112 form).

It is within your task to carefully check whether the EHIC\* is valid:

- Make sure to check the authenticity of the card. In case of doubt, you can find information on how to recognise a valid EHIC\* on [www.ec.europa.eu/social](http://www.ec.europa.eu/social).
- Make sure the card is registered on the patient's name and contains other identifiers. The EHIC is individual and each family member is obliged to have their own card.
- Make sure the validity of the card is not expired.

In some cases the patient may present a provisional EHIC\* certificate. When this is the case, please check the validity of this provisional certificate carefully. The certificate must obtain the same information as an EHIC\*.

In case of planned treatment\*, the patient has to present you with a valid S2 form\* (former E112 form) in order to be able to be treated as a patient with public health insurance. The S2 form\* is an A4 size paper document, containing a standardised European form that is issued by the patient's national health service\*/ health insurance provider\*. Check whether the treatment the patient wishes to receive is covered under the prior authorisation\* of the patient's national health service\*/ health insurance provider\* that the S2 form\* contains. The S2 form\* may for example be restricted to a certain type of treatment or treatment for a certain type of condition.

When the patient is not able to present you with any European forms of entitlement, that is nor a valid EHIC\* or a S2 form\*, the patient will be treated as a private patient. You should be aware that when you consider patients without valid European form of proof of entitlement as patients with public health insurance, you will not be able to settle with the social security authority to recover your fee or other costs. Always inform the patient beforehand when he or she will have to pay for the treatment privately.

#### S1\* form or S3 form\*

! Attention: it may occur that the patient presents you with another European form, such as a S1\* form (former E106, E109, E121). In this case, the patient resides in this country but is, however, insured under the social security system of another EU\*/EEA\* country or Switzerland\*. A pensioner may for example have recently moved to this country, after working

his or her entire life in another EU\*/EEA\* country or Switzerland\* to enjoy his or her pension years abroad or to be closer to family members\*.

The S1 form\*, issued by the social security authority of the country under whose social security system the patient is insured, is a document of proof of entitlement to healthcare in the patient's country of residence on behalf of the country of social security insurance. This document may be needed in case of posted workers, frontier workers\* or pensioners residing abroad.

When a patient presents you with a S1 form\*, please inform him or her that the form needs to be submitted to the national health service\*/ health insurance provider\* of the new country of residence. The social security authority will register the patient and will provide him or her with the same document of proof of entitlement to public healthcare as domestic patients. If the patient concerned is in need of medically necessary treatment\* before submitting his or her S1 form\* and making the needed arrangements with the local social security authority, you can provide treatment on issuance of a private invoice. After being registered, the patient may be able to file for reimbursement\* with the local national health service\*/ or his or her health insurance provider\*.

In some cases, a patient may present a S3 form\*. The S3 form\* is a European form for retired frontier workers\* that contains proof of entitlement to healthcare in the country of the frontier worker's previous work activity in case he or she is no longer insured under the social security legislation of that country. For the S3 form\*, the same rules apply as for the S1 form\*. Inform the patient that the S3 form\* needs to be submitted to the local national health service\*/ health insurance provider\*. The social security authority will register the patient.

## ② The healthcare provider's obligations

### 2.1. Obligations before treatment

- **Prohibition of discrimination based on nationality**

Never refuse to treat a patient solely based on his or her nationality. Foreign patients are entitled to equal access of healthcare.

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.

- **Information requirements**

Before starting any treatment or medical intervention, you are obliged to provide patients with following information:

- Information on the proposed treatment, including information on the treatment procedure, the anticipated outcome, possible detriments, risks of treatment and follow-up care\*



- Information on different treatment alternatives
- Information on quality and safety standards to which you are subject
- Information on prices of treatment and anticipated costs
- Information on the your authorisation and registration status, that is proof of your license to practice medicine
- Information on whether or not you are registered under the social security scheme and entitled to provide health services covered under the national health service\*/ health insurance\* scheme
- Information on your insurance cover for professional liability

- **Informed consent**

All foreign patients are entitled to informed consent. Before starting any treatment or medical intervention, make sure the patient understands all the information you have provided and consents to all different steps of the medical treatment or procedure you have proposed.

- **Patient's medical records**

Make sure the patient has presented you with his or her medical records documented by the patient's treating healthcare provider back home. Never treat a patient without having sufficient information on the patient's state of health and medical history.

## 2.2. Obligations during treatment

- **Documenting of medical records**

The foreign patient is entitled to a written or electronic medical record of each treatment or medical intervention you provide. You are obliged to document data, assessments and information of any kind on the patient's 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,...

## 2.3. Obligations after treatment

- **Equal prices**

You are obliged to charge the same fees to foreign patients as for domestic patients in a comparable situation. When no comparable price for domestic patients is available, you will have to charge a price calculated according to objective and non-discriminatory criteria.

- **Follow-up care**

As the patient will be entitled to follow-up care in his or her home country\*, make sure continuity of care can be insured by for example prescribing prescriptions that are usable in the patient's home country (see section 3) or by giving the patient access the medical records you have documented or at least a copy of the records that he or she can present to the treating healthcare providers back home.

- **Transfer of medical records**

Foreign patients should have remote access to their medical records or have at least a copy of the records you have documented. When such copy can't be provided in conformity with

your national legislation, you will at least have to arrange transfer to the patient's healthcare providers at home yourself.

- **Personal data**

In the context of documenting, transferring and archiving personal data concerning the patient's state of health, the patient's right to protection of his or her personal data should be safeguarded at any time. Data protection must be in line with the legal requirements imposed by Directive 95/46/EC. Besides, as from 25 March 2018 Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (also known as the General data protection regulation\*) will enter into force. This Regulation contains new safeguards to ensure patients' personal data\* are not misused or misappropriated. Make sure you are well aware of your legal obligations regarding the protection of personal data.

### ③ Prescriptions

A prescription for medicines or medical devices can be used in any other EU\*/EEA\* country.

When you issue a prescription\* for medicines or medical devices to a foreign patient, always check whether or not the patient intends to present the prescription to a pharmacist back in the patient's home country\*.

When the patient indeed intends to procure the medicine or medical devices abroad, you must make sure to issue the prescription 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

However, as the medicine concerned may not be available or authorised for sale in the patient's home country\*, recommend your patient to present the prescription in a local pharmacy when still being in the country of treatment\*.

