

Overseas Healthcare Services Refund claim form – S2 holders

Information for the completion of the application form

Please read this page – the information will help you when making your claim.

This form is to apply for a refund of a paid co-payment relating to an issued S2 certificate. If you have any questions before submitting your claim, please call us on +44 (0)191 218 1999

Each country's health system is different, and healthcare provision is unlikely to be the same as would be received from the NHS in the UK. The S2 certificate is a guarantee of payment of the pre-approved state funded healthcare costs. Some healthcare providers may require a patient to pay towards the cost of the treatment. This is known as a co-payment or patient contribution, and you should have been made aware of the expected charges prior to receiving planned treatment. Only co-payments related to the approved S2 will be reimbursed according to the rules of the reciprocal healthcare agreement – normally up to the NHS Tariff.

All financial documentation which is not in English will need to be translated, so it can be understood, to progress an application. This is the patient's/applicant's responsibility. Translations do not have to be completed by an official translator. Whoever completes the translation must record who they are (their role/relationship to the patient) and sign/date the translated documents. Translation costs will not be covered or refunded. Please note private healthcare charges including optional room upgrades will not be reimbursed.

Use a separate form for each treatment period if you have more than one S2 issued. Ensure you sign and date the declaration.

Keep photocopies of all original documents you submit to us. Once a claim is settled, original documentation will be retained by the NHS Business Services Authority (NHSBSA).

Send your completed form as well as original receipts and any supporting documents to:

Claims
Overseas Healthcare Services
NHSBSA
Bridge House
152 Pilgrim
Street
Newcastle upon
Tyne NE1 6SN

REF:	REF:
Team:	Location:
Notes / amended location:	
Tel. 1 Date: Time:	Tel. 2 Date: Time:
Official use box	

If you need help or have any questions about completing this form, please contact us on +44 (0)191 218 1999, Monday to Friday between 8am and 6pm. If English is not your first language, call this number and we will provide an interpretation service over the telephone.

Your data

We respect customer confidentiality at all times. The NHSBSA will use the information that you have given us to process and verify your applications to Overseas Healthcare Services and to plan and improve NHS services. This may include sharing your information with international healthcare providers and administrators who provided your treatment to validate the information you provide, and the Department of Health and Social Care to make payment to you. Further details on this, including your information rights, are available at www.nhsbsa.nhs.uk/yourinformation.

How to claim for somebody else

If you are filling in this form for a patient who is unable to complete the form themselves, for example they are not confident corresponding in English, they are responsible for making sure the information submitted in the form is correct. They should tell you what to write for them and they should sign or make their mark in the relevant box. You will also need to complete the applicant declaration in Section 5.

If you are filling in this form for a minor, dependent or for a person who is unable to complete the form themselves (the patient), you (the applicant) are responsible for making sure the information is correct. The information provided must be accurate, to the best of your knowledge and belief. You should sign the form yourself and indicate this in the signature box. You may be asked to provide proof of Appointee status, Power of Attorney or Executor if appropriate.

Parents applying on behalf of their children: the signature of the child, as the patient, is not required.

Please note, even if you are acting on behalf of the patient, proof of the patient's issued S2, provider invoices (English translations if applicable) and proof of payment must be submitted.

The person (patient) who received the planned treatment and paid the co-payment will normally receive any refund due unless proof of payment clearly shows this was paid for by the applicant.

If you are the applicant and have paid the co-payment on behalf of the patient, please ensure Section 5 – Declaration by the Applicant is completed.

Part 1 - Patient's details

Please use this part of the form to tell us about the patient (S2 holder).

Last name:

First name:

Date of birth:

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National Insurance number:

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NHS number:

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Address:

Postcode:

Daytime phone number:

Email address:

Part 2 – Planned Treatment details

If you did not have an S2 certificate issued prior to receiving planned treatment abroad, please contact us to discuss next steps. Do not complete this form.

Please provide the S2 certificate reference number or application reference:

Part 3 - Details of charges paid

Please send us all original receipts / invoices/ translations and proof of payment. We cannot deal with your claim without them.

The requested refund is a patient co-payment for the approved planned treatment:

Yes, I have provided the invoice/s (and a translation in English if applicable) that shows the co-payment and

the co-payment was paid by the patient, as detailed in section 1, and I have provided proof of payment showing the bank account details the costs should be refunded to.

or

the co-payment was paid by the applicant, as detailed in section 5, and I have provided proof of payment showing the bank account details the costs should be refunded to.

What currency did you pay in?

I wish to claim a refund of

which is the cost of the co-payment for the approved Planned Treatment package.

The amount should be in the currency you paid in.

Reimbursement Rates:

The amount refundable is based on the exchange rate, provided by the EU, at the time of payment.

Part 4 – Declaration by the Patient

We might also share your information with third parties to help us prevent and investigate fraud and error. You can find out more about how we use your information on our website at www.nhsbsa.nhs.uk/yourinformation.

By submitting your application, you are confirming that the information you've given us is correct. If you knowingly provide incorrect information, you could be prosecuted or face civil proceedings.

I hereby confirm that I have received the planned treatment and understand that the person who received and paid any related co-payments for planned treatment, will normally receive any reimbursement due.

I also give permission for the person identified as the Applicant in Part 5 of this form to make this application on my behalf (if applicable).

This is my claim for a refund of eligible charges for planned treatment received as stated on the issued S2.

Signature: Date: /

Part 5 – Declaration by the Applicant

Please note: If you are signing on behalf of somebody else, you will be responsible for the information provided.

This is a claim on behalf of the person named in Part 1.

I declare that I am applying with the consent of the patient / I am legally empowered to act on behalf of the patient (delete as appropriate)

Signature: Date: /

Relationship to patient:

Name: (in capitals)

Address:

Contact telephone number:

If applicable:

I confirm I paid, on the behalf of the patient, the co-payment charge and have provided proof of payment.