



# Cross Border Directive Scheme

## Healthcare costs application form

The Cross Border Directive (CBD) is a scheme to get planned healthcare in another European Union (EU) or European Economic Area (EEA) country.

You must pay the provider for your healthcare. After you have the healthcare, you can apply to the HSE for payment towards the cost of the healthcare. The scheme does not cover other costs such as travel, accommodation or translation costs.

You will get whichever is the smaller amount:

- the cost of your healthcare abroad
- what the healthcare would have cost in the public system in Ireland

Before you get healthcare abroad or apply for payment, read all the information about the CBD scheme. It has important information that may affect your application.

To read about the scheme:

- visit [hse.ie/cbd](https://hse.ie/cbd)
- freephone HSE Live on 1800 700 700 or phone 00 353 1 240 8787 from outside the Republic of Ireland and we will post the information to you

# Who can apply

To apply, you must:

- be living in Ireland for 1 year or intend to live here for at least 1 year
- be eligible for the healthcare you want in the public health system in Ireland
- have an outpatient consultation before inpatient or day case treatment

Your outpatient consultation can be:

- abroad, with your treating consultant
- in Ireland, with a consultant treating you as a public patient

If you need inpatient treatment, the consultation must be in-person.

If you need day case treatment, the consultation can be:

- in-person
- a phone call
- a video call

# Who cannot apply

You cannot apply if your treatment is:

- part of a clinical trial or poses a public health risk for you or the public
- not a proven form of treatment
- not for medical reasons

You cannot apply if you live in Ireland through a visa scheme.

Your application will not be successful if you receive a private health insurance payment for any part of the treatment.

## Income or pension from another country

In some cases, you may not be able to apply for the CBD scheme in Ireland through the HSE.

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

- get income or a public or state pension from another EU or EEA country
- are a dependant of someone who gets their income from another EU or EEA country

You may not be eligible for the scheme if you:

- get an income or pension from Switzerland or the UK
- pay your social security contributions in 1 of those countries

If any of these apply to you, contact us for help. We will let you know if you are eligible. We can give you contact details if you need to apply for the scheme in another country.

# How to complete this form

You can complete this form by hand or electronically.

You must complete sections 2, 3, and 5.

The healthcare professional abroad must complete section 4.

## By hand

Complete the form in block capitals with a black ballpoint pen.

## Electronically

You must use a recent version of Adobe Acrobat Reader if you want to:

- save any changes you make to this form
- use a screen reader to complete this form

[Download Adobe Acrobat Reader free of charge - get.adobe.com/reader](https://get.adobe.com/reader)

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# 1. What you need to provide

With your completed application form, you also need to provide:

- a copy of a referral letter or a letter confirming you are on a public waiting list in Ireland for the healthcare listed in this application
- proof of payment for your treatment
- proof that you paid the healthcare provider abroad directly

If you are applying for orthodontic treatment for a child, you must also provide a letter from your HSE orthodontic service to show they are eligible for treatment.

## Referral letter

The referral can be to a public service in Ireland or a public or private service abroad.

The referral letter must include:

- your name, address and date of birth
- the name and address of a hospital or healthcare service and the speciality, for example, orthopaedics or neurology
- a summary of your condition and any diagnosis, if known
- the reason for the referral or healthcare you need
- the referring professional's signature - an electronic referral does not need a signature

The date on your referral letter must be before the date you had your outpatient consultation.

## Proof of payment

Proof of payment must include:

- patient's name and address
- name, address and phone number of the healthcare provider
- the treatment provided
- date of treatment
- the amount paid
- a breakdown and description of all treatment charges and VAT, if relevant

If all this information is not in 1 document, you may need to send us a copy of more than 1 document. Examples include invoices, receipts and statements.

## Proof you made the payment

You must also provide proof that you paid the healthcare provider directly.

Examples of proof you made the payment include a copy of:

- bank or credit card statement
- credit or debit card receipt
- electronic fund transfer (EFT) from your account to the healthcare provider's account
- bank draft paid to the healthcare provider
- cash receipt from the healthcare provider, if you paid in cash

We must be able to identify the payee (the healthcare provider) and the payer (you). The healthcare provider's name and the amount paid must match the information in your proof of payment documents.

If your documents do not contain all the necessary information, your application may be delayed.

## 2. Patient's information

The person applying must complete this section before the healthcare provider abroad completes section 4.

### Patient's full name

Enter your name as it appears on official Irish documents, such as a passport or driving licence, for example, Jo Smith

### Date of birth

For example, 31 03 1980

### PPS number

A PPS number is 7 numbers followed by 1 or 2 letters

### Address

### Eircode

Is the patient living in Ireland through a visa scheme?

☐ Yes

☐ No

Is the patient getting a pension or income from another country or a dependant of someone who is?

☐ Yes

☐ No



### Reason for getting treatment abroad (optional)

Select all that apply - this helps us to understand why people use the service and for reporting

☐

Length of wait for treatment in Ireland

☐

Quality of service abroad

☐

It's close to where I live

☐

Other

**If other, provide details**

## Your contact details

We may need to contact you about your application. Provide a phone number or email address.

If you don't have one, we will contact you by post.

**Mobile or landline number (optional)**

**Email address (optional)**

## If you are applying as a parent or guardian

Provide your full name if you are a parent or guardian applying on behalf of a patient who is one of the following:

- under the age of 18
- age 18 or over and dependent on you

**Parent or guardian's full name**

Enter your name as it appears on official Irish documents, such as a passport or driving licence, for example, Jo Smith

## Compensation for injury claims

If you are claiming compensation for a road traffic incident related to your treatment, provide your solicitor's details.

**Solicitor's full name**

**Solicitor's address**

If your claim is not successful, contact us to let us know.

### 3. Referrer's contact details

The person applying must complete this section.

Provide contact details for the GP or healthcare professional who made the referral. We may need to contact them about your application or if anything is not clear in the referral letter.

**Referrer's full name**

**Practice address**

**Practice phone number**

**Email address (optional)**

## 4. Healthcare professional abroad information

The healthcare professional providing your treatment abroad must complete and sign this section in English.

### Healthcare professional's details

Full name

Practice address

Practice country

Practice phone number

Practice email address

Professional registering body

Registration number

## Patient's details

The healthcare professional abroad must provide personal details for the patient they provided treatment for.

**Patient's full name**

**Date of birth**

For example, 31 03 1980

**Address**

**Eircode**

## Principal diagnosis and condition

Provide information about the patient's diagnosis and condition.

**Principal diagnosis**

**Summary of the patient's condition**

# Outpatient consultation

The healthcare professional abroad must provide the patient's outpatient consultation and treatment details.

**Name of clinic**

**Address of clinic**

**Date of outpatient consultation**

For example, 31 03 2025

**Type of outpatient consultation**

☐

In-person

☐

Phone call

☐

Video call

**Country the consultant (doctor) was in during the consultation**

**Specific treatment or procedure provided at the outpatient consultation, if any**

## Inpatient or day case treatment

The healthcare professional abroad must provide the patient's inpatient or day case treatment details.

### Name of treatment service (optional)

Leave blank if the name is the same as the outpatient consultation clinic

### Date of treatment, if day case

For example, 31 03 2025

### Date of admission, if inpatient

For example, 31 03 2025

### Date of discharge, if inpatient

For example, 31 03 2025

### Specific treatment or procedure provided

## Validity of treatment and risk

**Is the treatment medically necessary?**

☐ Yes

☐ No

**Is the treatment a medically proven treatment for the patient's condition?**

☐ Yes

☐ No

**Is the treatment part of a clinical trial?**

☐ Yes

☐ No

**Does the treatment pose any public health risk for the patient or the public?**

☐ Yes

☐ No

**Is the treatment being provided in a recognised hospital or other institution controlled by a registered medical practitioner?**

☐ Yes

☐ No



# Diagnostic Related Group (DRG) codes

The healthcare provider abroad should identify and provide the correct diagnostic related group (DRG) code. Only 1 DRG code can be assigned for each episode of care, even if there were more than 1 procedure.

The choice of DRG code must be justified by medical notes about the patient's episode of care.

We sometimes send applications for an independent review to check the DRG code. If the wrong code or no code is provided, the correct code will be assigned. The correct code will determine the maximum amount of money the patient can receive toward the cost of their healthcare.

## DRG code lists

DRG codes only apply to inpatient and day case care.

To get DRG codes, visit [hse.ie/cbd-drg](https://hse.ie/cbd-drg)

## DRG code details

### DRG code

For example, C16Z

### How you got the DRG code

☐

Best guess

☐

From a trained coder using the International Statistical Classification of Diseases and Related Health Problems, Tenth Edition, Australian Modification (ICD-10-AM)

### Signature of healthcare professional

### Date

For example, 31 03 2025

## 5. Sign the form

The person applying must read and sign this section.

Read these statements and sign and date the form, if you agree with them.

- I have read and understood all the information about the Cross Border Directive Scheme on the HSE website or sent to me by post.
- I am living in the Republic of Ireland for a year or intend to live here for at least a year.
- To the best of my knowledge, the information provided in this application is correct.
- The HSE can access and copy my clinical information and medical records to process my application.
- The HSE can provide my clinical information to its clinical advisors to assess my application.
- If I receive compensation for a road traffic incident related to my treatment, I will repay the full amount the HSE spent on it.
- I have not received a private health insurance payment for any part of this treatment.

**Signature of person applying**

**Date**

For example, 31 03 2025

**If you are not able to sign, place your mark here**

## 6. Where to send the form

You can send us your completed application form by email or post.

### Email

Email your completed application form and copies of other documents as attachments to:

[crossborderdirective@hse.ie](mailto:crossborderdirective@hse.ie)

### Post

Post your completed application form and copies of other documents to:

HSE Cross Border Directive Scheme,  
St Canice's Hospital Complex,  
Dublin Road,  
Kilkenny,  
R95 P231

We aim to process applications within 6 weeks.

## 7. More information and help

For more information about the scheme or help with your application:

- visit [hse.ie/cbd](https://hse.ie/cbd)
- freephone HSE Live on 1800 700 700 or phone 00 353 1 240 8787 from outside Ireland

## Your personal information

We need your personal information to provide this service.

Our privacy statement has information about:

- how we process your personal information
- your rights
- how to contact us about data protection and your personal information

You can read our privacy statement at [hse.ie/privacynotice](https://hse.ie/privacynotice) (PDF, 750 KB, 10 pages).