



Northern Ireland Planned Healthcare Scheme

Healthcare costs application form

The Northern Ireland Planned Healthcare Scheme (NIPHS) is a scheme to get planned healthcare in a private healthcare service in Northern Ireland. You cannot use it to get healthcare in a public healthcare service.

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 or accommodation costs.

You will get whichever is the smaller amount:

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

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

To read about the scheme:

- visit hse.ie/niphs
- 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 the Republic of 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 the Republic of Ireland
- have an outpatient consultation before inpatient or day case treatment

Your outpatient consultation can be:

- in Northern Ireland, with your treating consultant
- in the Republic of 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.

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 in Northern Ireland 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 the Republic of Ireland for the healthcare listed in this application
- proof of payment for your treatment
- proof that you paid the healthcare provider in Northern Ireland directly

If you are applying for orthodontic treatment for a child, you also need to provide a copy of 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 the Republic of Ireland or a private service in Northern Ireland.

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 name of the healthcare provider 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 in Northern Ireland 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

Reason for getting treatment in Northern Ireland (optional)

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

☐

Length of wait for treatment in the Republic of Ireland

☐

Quality of service in Northern Ireland

☐

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 in Northern Ireland information

The healthcare professional providing your treatment in Northern Ireland must complete and sign this section.

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 in Northern Ireland 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 in Northern Ireland must provide the patient's outpatient consultation and treatment details.

Name of clinic

Address of clinic

Is the clinic a private healthcare service?

☐

Yes

☐

No

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 in Northern Ireland 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

Is the service a private healthcare service?

☐

Yes

☐

No

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 in Northern Ireland 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/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 Northern Ireland Planned Healthcare 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

Post

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

HSE Northern Ireland Planned Healthcare 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/niphs
- freephone HSE Live on 1800 700 700 or phone 00 353 1 240 8787 from outside the Republic of 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 (PDF, 750 KB, 10 pages).