Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Application Form

Treatment Abroad Scheme: E112 (IE) for healthcare in the EU, EEA, Switzerland or the UK

The HSE operates a:

- Treatment Abroad Scheme (TAS) to determine and provide for a person's entitlement to treatment in another EU/EEA member state, Switzerland or the UK under EU Regulation 1408/71, as per the procedures set out in EU Regulation 574/72, and in accordance with Department of Health and Children Guidelines.

A copy of these Regulations and Decisions, and all other aspects of European Law are available on the website for inspection at **http://europa.eu**. Within these governing EU Regulations and the Department of Health and Children's Guidelines, the TAS provides for the cost of approved treatments in another EU/EEA member state, Switzerland or the UK through the issue of form S2 (formerly called E112 (IE)).

The TAS allows for an Irish based Consultant to refer a public patient that is normally resident in Ireland for treatment in another EU/EEA member state or Switzerland or the UK where the treatment in question meets certain criteria.

Telemedicine may not be used to circumvent the requirement to travel abroad, for example you cannot use skype consultation in place of an outpatient appointment abroad. The application to refer a public patient abroad must be assessed and a determination given **prior** to the patient availing of the treatment abroad. Valid applications will be processed within 15 to 20 working days and a decision will be issued via letter. Appointments should not be scheduled prior to a decision to approve being confirmed on an application. Appointments that are made prior to decision will have no bearing on the review process or its expedition.

Pursuant to his/her clinical evaluation of the patient (in person) within the immediately preceding 2 week period, the Irish based referring hospital consultant must provide details of the patient's condition, the specific treatment being applied for and the provider of the treatment abroad. Once the patient has availed of an approved treatment abroad, the care of the patient reverts immediately to the referring Irish Consultant.

Treatment available within the state or available within a time normally necessary for obtaining same do not qualify under the criteria for funding under the Treatment Abroad Scheme.

The following must be certified by the Irish based referring Consultant:-

- Their recommendation that the patient be treated in another EU/EEA country/Switzerland/the UK and the reason for same;
- That the specific treatment that the patient is to receive outside the State is not available within the State;
- That the treatment is medically necessary and will meet the patient's needs;
- That the treatment is a proven form of medical treatment and is not experimental or test treatment;
- That the treatment is in a recognised hospital or other institution and is under the control of a registered medical practitioner;
- That the hospital in the EU/EEA/Switzerland/the UK will accept EU/EEA form S2 for the costs associated with treating the patient under TAS. I.E. the hospital to which the patient is being referred is a public hospital that will

accept a public patient under the terms of the TAS.

The information on the application form is the minimum data set required to process an application. All applications not fully completed will be returned without exception as same cannot be processed against the qualifying criteria.

Self-referrals, referrals from a General Practitioner or from a medical practitioner from outside the state will deem any application invalid and not applicable for review by the Treatment Abroad Scheme.

Please return completed forms to:-
Treatment Abroad Scheme Office,
Health Service Executive,
Seville Lodge,
Callan Road,
Kilkenny.
R95 DKK2

Contact numbers for the Treatment Abroad Scheme:
Telephone: 056 778 4900/ 056 778 4908
Fax: 056 7784549
Email: treatmentabroad.scheme@hse.ie
Webpage: https://www2.hse.ie/services/treatment-abroad-scheme/treatment-abroad-scheme.html

Completion of Application Form: 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, and may invalidate the application. A decision can be expected between 15 and 20 working days following the receipt of a completed application and any other information/clarification requested.

The patient/applicant must submit a fully completed application form accompanied by the appropriate referring Consultant's letter to the accepting consultant in a public hospital abroad in sufficient time to allow the HSE assess and make a decision on same. The onus is on the patient to submit a fully completed application form and to provide the necessary information from the referring Consultant. Incomplete applications will be returned to the patient/applicant for provision of the appropriate information prior to re-submitting to the TAS office.

Section A

This part of the application is to be fully completed by the patient/applicant.

All parts of Section A 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 16 years of age the application is to be submitted on his/her behalf by a Parent(s)/Guardian(s)

Where a patient is under 18 years of age and being treated for a mental disorder covered by the Mental Health Act 2001, the application is to be submitted on his/her behalf by a Parent(s)/Guardian(s)

Where a patient is incapacitated the application may be submitted on his/her behalf by the Committee of the Ward of Court following the approval of the Court.

Private patients should apply to their private health insurance provider in the first instance and the decision letter and or appeal decision letter of the private health insurance provider submitted with any application to the TAS.

When the application form has been fully completed and signed Section A by the patient and Section B by the treating consultant, please return it complete with the referring consultant's signed referral letter (on letterhead) to the above mentioned TAS Office. The application will be assessed and a decision will be issued within 15 to 20 working days or as soon as possible thereafter.

Decisions

The TAS Office will review applications to ensure they comply with the criteria as set out above.

During the processing of an application, TAS staff will only be able to confirm the estimated date for issue of a decision. When an application has been processed, the decision on same will be issued by letter and it is only after the decision letter has been issued that TAS staff are permitted to inform the applicant (and only the applicant) of the decision by phone.

Please note that the HSE may provide for the cost of reasonable economic air fares for the patient and one escort (where applicable) in accordance with the HSE Treatment Abroad Scheme National Travel Policy. A copy of the policy is attached.

APPLICATION FORM FOR ASSISTANCE TOWARDS THE COST OF MEDICAL TREATMENT OUTSIDE THE STATE

SECTION A (to be completed in full by Patient/Applicant)

FORENAME:		SURNAME:
SURNAME ON BIRTH CERTIFICATE:		DATE OF BIRTH:
GENDER	MALE ☐	FEMALE ☐
ADDRESS:		
TEL NO.:		EMAIL:
PPS / RSI NO.:		MEDICAL CARD NO.:
NAME OF PRIVATE HEALTH INSURANCE COMPANY:		
MEMBERSHIP NO:		
HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?		
IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? **Please submit a copy of the decision letter with your application**		
NAME OF PATIENT'S GP:		
GP's ADDRESS:		
GP's TELEPHONE NUMBER:		

Only complete the section below if you are making an application on behalf of a Patient under 16 years of age or over 16 years of age and dependent.

RELATIONSHIP TO PATIENT:	
FORENAME:	SURNAME:
ADDRESS:	
TEL NO.:	EMAIL:
RELATIONSHIP TO PATIENT:	
FORENAME:	SURNAME:
ADDRESS:	
TEL NO.:	EMAIL:
NAME OF PRIVATE HEALTH INSURANCE COMPANY:	MEMBERSHIP NO.:
HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?	
IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? **Please submit a copy of the decision letter with your application**	

FOR ALL APPLICANTS - Please ensure the following section is completed:

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 submitting this application form (complete or incomplete) I, as the applicant, give my permission for my/the patient's medical records or other clinical information to be accessed and copied for the purposes of processing the application.

I understand and accept the clinical information can and may be provided to other hospitals or health care facilities or clinical advisors in the assessment of the application and in the availing of any approved treatment. In signing my name hereunder, I acknowledge and accept this position and give my consent for same.

I declare that the above particulars are, to the best of my knowledge, true and correct and that I have read the memorandum to the application and understand the qualifying criteria of the scheme. I am aware that any decision issued is based on the information submitted by me in my application and that any new information coming to light may impact on the decision in this case.

I acknowledge that the decision given will be based on the request for the particular treatment specified on the application and any additional or future treatment will require additional application to the TAS.

I understand that this is merely an application for the issue of EU/EEA model Form S2 and that at this stage no commitment has been entered into by the Health Service Executive.

I also agree to notify or to arrange to notify the HSE immediately should there be any change in the medical treatment plans, costs or dates indicated, or non-attendance for same or if I or my dependants change personal details including name, address, contact details, or takes up employment outside Ireland.

_____ _____

Applicant's signature *(or parent/guardian in the case of a minor under 16/18 if being treated for a mental health disorder)* Date

_____ _____

Applicant's signature *(or parent/guardian in the case of a minor under 16/18 if being treated for a mental health disorder)* Date

Is the patient a victim of a road traffic accident or other accidental injury? YES ☐ NO ☐

If YES, is there a claim for compensation against a third party? YES ☐ NO ☐

If YES, please provide the details of your solicitor:

Solicitors name and address (acting for the patient):

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 Treatment Abroad Scheme, resulting from the road traffic accident or accidental injury.
However, please note that it is the patient who is obliged to make sure that the treatment costs provided by the HSE under the Treatment Abroad Scheme are reimbursed to the HSE. Unsuccessful claims must be brought to the attention of the HSE Treatment Abroad Scheme.

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 *(or parent/guardian in the case of a minor under 16/18 if being treated for a mental health disorder)* Date

_____ _____

Applicant's signature *(or parent/guardian in the case of a minor under 16/18 if being treated for a mental health disorder)* Date

Completion of Application Form: Irish Based Public Referring Consultant (public patient):

Only applications completed and submitted **within a two week period following clinical assessment of the patient** will be accepted under the scheme. Once the patient has availed of treatment abroad, their care reverts immediately to the Irish based public referring consultant.

Please also note that in general the purpose of the application is to allow a public patient to seek public funding for a treatment not available in Ireland. In completing this application form you must ensure the information you provide is accurate and true. The inclusion of false, misleading or inaccurate information including the omission by design or by accident of relevant information, will mean the TAS will reserve the right to refer the matter to the appropriate authority and reimbursement to the HSE of any funding accessed will be sought without exception from the responsible party. The TAS reserves the right to review a patient's medical chart to clarify any information as appropriate.

The Consultant must fully complete the application form and supply a copy of the referral letter to the accepting consultant abroad giving details of the patient's medical condition and the type of treatment envisaged ***In compliance with their duty of care the application must be completed by the referring consultant pursuant to his/her clinical assessment of the patient thus confirming it is the Consultant's recommendation based on this clinical review that the patient requires the treatment. Only applications completed and submitted within a two week period following clinical assessment of the patient will be accepted under the schemes. Physicians referring paediatric patients abroad must satisfy himself/herself as to the compliance of the service abroad with Children First guidelines and legislation. Physicians must satisfy themselves that the proposed treatment has been consented to in accordance with the HSE National Consent Policy and all relevant legislation.***

- Referrals must be on the basis of medical necessity and to the public healthcare system of another EU/EEA member state, Switzerland or the UK through the issue of model form S2. i.e. the hospital to which the patient is being referred is a public hospital that will accept a public patient under the terms of the TAS.
- Applications must be accompanied by a detailed clinical referral letter to the accepting consultant abroad giving details and history of the patient's condition and the type of treatment envisaged. Certain applications also require the inclusion of a copy of the relevant MDT report.
- The onus is on the consultant to seek, provide and certify the answers to each question in Section B.
- Applications must be made and a decision given in advance of the patient travelling abroad. Decision on applications will be based on the medical information provided in line with the regulations, guidelines and criteria of the scheme. Appointments made in advance of submission of an application will not be used as a deciding factor in applications. The Treatment Abroad Scheme and Prior Authorisation Scheme offices will aim to provide a decision within 20 working days of receipt of a completed application.

SECTION B (To be completed in full by referring Consultant)

NAME OF REFERRING CONSULTANT:
NAME OF REFERRING HOSPITAL:
CONSULTANT TEL NO:
CONSULTANT EMAIL:
PATIENT NAME:
PATIENT ADDRESS:
DATE OF BIRTH: _____/_____/ _____
PLEASE STATE WHETHER THE PATIENT IS ATTENDING YOU IN A PUBLIC OR PRIVATE CAPACITY:
DATE WHEN THE PATIENT WAS LAST REVIEWED BY YOU AS AN INPATIENT OR OUTPATIENT (THIS DOES NOT INCLUDE REVIEW BY A MEMBER OF YOUR TEAM) **(Must be within the previous 2 weeks of application being completed)**

Is the treatment abroad being provided in a recognised 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 ☐

Will the Hospital accept EU/EEA model Form S2 or Certificate of Authorisation to cover Hospital expenses? YES ☐ NO ☐

Has Consent to treatment been obtained? YES ☐ NO ☐

If a minor (under 16 or under 18 if being treated for a mental disorder under the Mental Health Act 2001), has consent been obtained? YES ☐ NO ☐

Will the Patient be in a Public Ward? YES ☐ NO ☐

Will the Patient attend as a Public Out-Patient? YES ☐ NO ☐

Please set out here under a summary of the condition from which the patient suffers:

Please identify the specific treatment that the patient requires outside the state:

Is this treatment available within the State? YES ☐ NO ☐

If YES, please indicate the reasons for the application for the treatment abroad:

Please state whether the results of test, scans, biopsies, blood work etc. could be provided to the hospital outside the state to provide their assessment YES ☐ NO ☐

If YES, please specify why the patient is required to travel outside the state:

Is the treatment medically necessary? YES ☐ NO ☐

Will the treatment meet the patient's needs? YES ☐ NO ☐

Is this treatment contrary to the Irish Constitution or any legislation, to your knowledge? YES ☐ NO ☐

Is the treatment regarded as a proven form of medical attention and not experimental or test treatment? YES ☐ NO ☐

Is the treatment required as a result of injuries received in a road traffic accident or other accidental injury? YES ☐ NO ☐

Will the patient need to be accompanied? YES ☐ NO ☐

If YES, please outline the medical reasons for same:

NAME OF ACCEPTING CONSULTANT (outside the State)	
NAME OF ACCEPTING HOSPITAL (outside the State)	

Estimated cost of treatment:	
Proposed date of admission (if known):	
Probable duration of stay:	
Probable date(s) of Out-Patient Department visit(s):	

Treatment Abroad Recommended YES ☐ NO ☐

THE CARE OF A PATIENT WHO HAS AVAILED OF TREATMENT ABROAD UNDER THE TAS SCHEME, REVERTS TO THE REFERRING CONSULTANT IMMEDIATELY UPON THE PATIENT'S RETURN TO IRELAND

I declare that the above particulars are, to the best of my knowledge true and correct and that I have read the memorandum to the application and understand the qualifying criteria of the scheme. I am aware that the application will be based on this information and that any new information coming to light may impact on the decision in this case.

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, I the referring consultant, confirm that I am satisfied the facility to which I am referring this child meets the requirements of the policy.

I understand that this is merely an application for the issue of EU/EEA model Form S2 and that at this stage no commitment has been entered into by the Health Service Executive.

I acknowledge that the HSE's TAS reserve the right to access the hospital records on this patient as deemed necessary.

Signature of Referring Consultant: _____ **Date:** _____