

## Overseas Healthcare Services

### Refund claim form

#### Information for the applicant

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

If you have not paid any amount towards your healthcare costs, please call us on +44 (0)191 218 1999 and request a Provisional Replacement Certificate (PRC).

You cannot claim a refund for private or planned treatment using this form.

Each country's health system is different, and healthcare provision is unlikely to be the same as you would receive from the NHS in the UK. You may need to pay towards the cost of the treatment. Charges will be reimbursed according to the rules and rates of the country where the treatment was received.

Use a separate form for each treatment period and for each person who has received treatment. 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

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, phone this number and we will provide an interpretation service over the phone.

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

## 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](http://www.nhsbsa.nhs.uk/yourinformation).

## How to claim for somebody else

If you are filling in this form for someone else, they are responsible for making sure the information is correct. They should tell you what to write for them and they should sign or make their mark in the relevant box. If you are filling in this form for someone with learning difficulties or a condition that prevents them from managing their own affairs you are responsible for making sure the information is correct. You should sign the form yourself and indicate this in the signature box.

## Part 1 - Patient's details

Please use this part of the form to tell us about the patient. This may be you or the person on whose behalf you are making the claim.

Last name:

First name:

Date of birth:

 /  / 

National Insurance number:

    

Or, if you are awaiting allocation of an NI number, please tick here:

NHS number:

Address:

Postcode:

Daytime phone number:

Email address:

**We may ask you for evidence of your residence in the UK, if required.**

## Part 2 - Nationality

**If you are not a UK or Irish national please supply evidence of your right to reside in the UK, such as your EUSS status or Indefinite Leave to Remain documentation.**

Please select (tick relevant option)

- UK/Irish national (if selected, go to Part 3)
- EU national
- Swiss national
- Dual national (please specify the nationalities held)

- Norwegian, Icelandic or Liechtenstein national (please specify nationality held)

- Other nationality (please specify the nationalities held)

If you selected 'Norwegian, Icelandic or Liechtenstein national' or 'other nationality', are you applying for a refund of treatment received in Switzerland?

- Yes (fill in the rest of Part 2 before moving to Part 3)
- No (go to Part 3).

Are you a family member of one of the following:

- UK/Irish national  EU national
- Swiss national  None of the above (go to Part 3)
- Stateless person or refugee

What is your relationship to the family member?

- Spouse  Child  
 Civil partner  None of the above  
 Durable partner

**If you are the spouse, civil partner, durable partner or child of a UK, EU or Swiss national, or of a stateless person or refugee please send evidence of this relationship.**

### Part 3 - Travel details

Reason for travel (select one)

- Working abroad (provide a copy of your A1 document from HM Revenue & Customs or your employer)  
 Studying abroad (provide a letter from your educational institution confirming the start and end dates of your course).

If studying abroad:

- Will you or did you return to the UK at the end of your course?  Yes  No
- Were you also working abroad?  Yes  No

- Temporary visit (includes holidays, visiting family or short business trips)

If you selected temporary visit, please provide the dates of travel:

From   /   /    to   /   /

### Part 4 - Details of charges paid

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

Did you present a valid UK EHIC or UK GHIC at the point of treatment?

- Yes  
 No

If yes, was your UK EHIC or UK GHIC accepted?

- Yes  
 No

If your UK EHIC or UK GHIC was not accepted, what reason was provided for this?

Have you paid the medical bills?  Yes  No

What currency did you pay in?

I wish to claim a refund of  which is the cost of my medical treatment. The amount should be in the currency you paid in.

## Part 5 - Treatment details

Country of treatment:

Was your treatment arranged prior to leaving your country of residence?  Yes  No

Dates of treatment: From  /  /  to  /  /

Please provide a brief description of the nature of the illness, accident or injury:

Please provide details of what treatment was received:

Name of doctor or establishment that provided the treatment:

Address of treatment facility:

## Part 6 - Declaration

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

The information that you give us in this application will be used to check your eligibility. This means we may share your information with:

- third party data providers acting on our behalf who will make a UK residency check
- NHS Digital to validate your EU Settlement Scheme status

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](http://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.

**This is my claim for a refund of charges**

Signature:  Date:  /  /

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

Signature:  Date:  /  /

Name: (in capitals)

Address:

Contact telephone number: