

# Application for reimbursement of costs of health services provided abroad

**To be filled in by the Applicant:**

**Insured person:** name and surname ..... insurance no.: .....  
 address: .....  
 address for service: .....  
 telephone no.: ..... e-mail: ..... data box .....

**Legal representative:** name and surname: .....  
 telephone no.: ..... e-mail: ..... data box .....  
 address for service: .....

*Brief description of the incident (reasons for medical treatment).....*  
 .....  
 .....

**I apply for the reimbursement of costs of health services provided abroad during the period from ..... to ....., of:**

(Please cross the selected option. This choice can only be made once)

1)  Health services I sought in ..... (please indicate state) because of illness or injury that occurred during my temporary stay abroad.

In this case:

- I claim reimbursement according to the reimbursement rates of the state of treatment.  
 I claim reimbursement according to Czech reimbursement rates.

*(Note: In case of health services provided in countries that are contracting parties to bilateral international agreements with the Czech Republic (Turkey, Serbia, Montenegro), it is only possible to claim reimbursement according to the rates of the contracting state. In case of Macedonia, the choice can be made.*

*In case of health services provided outside of the EU, EEA, Switzerland and the contracting states, it is only possible to claim reimbursement according to Czech reimbursement rates.)*

2)  Planned health services; I traveled to another state with the purpose of receiving health services, without previous permission of VZP ČR ..... (please indicate state)

*(Note: In this case there is only one option – the applicant can only be reimbursed up to the amount according to Czech reimbursement rates)*

Documents presented: .....

No. of presented documents: .....

**Total sum paid for the health services indicated above (in foreign currency):** .....

**I request to pay the sum to be reimbursed:** (please cross the selected option):

To my bank account, verified bank account details will remain in the VZP ČR information system: .....

*(Note: In case of a cross-border payment please indicate IBAN and SWIFT code, name and address of the bank in question)*

By postal money order to the address indicated above

*I hereby confirm the authenticity of above indicated data and the fact that I was informed of the consequences of my selection of the reimbursement calculation method and of my rights and duties as an applicant in these administrative proceedings.*

Signature of the applicant: ..... Date of application: .....

## POWER of ATTORNEY <sup>1</sup>

Name, Surname, No. of the insured person: .....

### I hereby grant the power of attorney to:

Name and Surname / Name: ....., date of birth / Identification No.: .....

home addr. /seat addr. ....

to submit the Application for reimbursement of costs of health services provided abroad (Application) and to represent me at the proceedings concerning this Application.

Nevertheless, the authorized person is not entitled to accept the reimbursement for the principal.

In \_\_\_\_\_ date \_\_\_\_\_  
signature of principal

### I accepts the Power of Attorney.

I understand and accept that as an authorized person I am not entitled to accept the reimbursement for the principal.

In \_\_\_\_\_ date \_\_\_\_\_  
signature of authorized person

### Is filled in by the VZP ČR employee (Vyplní přijímající pracovník VZP ČR)

Žádost o náhradu nákladů včetně dokladů přijala

RP....., pobočka.....

KLIPR .....

Odbor .....

Dne .....

Jméno, příjmení a podpis pracovníka VZP ČR: .....

<sup>1</sup> Is filled in only if the third person is empowered to submit an application and represent in proceedings. Power of attorney can be also attached on a separate document.

## **Notice for the Applicant for reimbursement of costs of health services provided abroad**

You file an Application, if you have covered costs on health services (treatment) that you used abroad or if you subsequently received an invoice for such treatment abroad, which you have paid.

### **It is necessary to attach to the Application the following documents:**

- An original copy of the payment receipt
- Medical reports issued abroad (a copy is sufficient), including their Czech translation (a certified translation is not necessary; translation is not necessary for the reports written in Slovak).
- If a legal representative files an Application, it is necessary to submit also their birth certificate or other document proving the respective family relation (a copy of the document is sufficient).
- If an authorised representative files an Application, it is necessary to submit also a power of attorney.

VZP ČR shall decide on your Application in accordance with Act No. 500/2004 Coll., the Code of Administrative Procedure, in administrative proceedings (AP) initiated on the day of delivery of your Application to VZP ČR. The decision in the matter shall be issued without an unnecessary delay, however, no later than within 30 days from the day of delivery of the Application, and in exceptionally complex cases within 60 days, unless it is necessary to interrupt the administrative proceedings (for the reason of an incomplete Application, while making inquiries about the rates abroad, etc.). The awarded amount shall be paid out to you within 30 calendar days from the day on which the Decision takes its legal effect, however, no later than on the last day of the month following the day on which the Decision took its legal effect. In the proceedings on an Application where reimbursement according to the rates in a foreign country is applied for, the length of such proceedings depends on the time in which response from the foreign country is received.

As a participant in the proceedings you have the right to submit evidence and make submissions, to give your opinion on the steps made by VZP ČR as the administrative body, to make inquiries during the proceedings, and to view the file. You can also choose an authorised representative to represent you in the proceedings on your Application. However, reimbursement of costs of health services that you paid for abroad will be paid out only to you (through bank transfer to your bank account or with a money order).

### **If you apply for reimbursement of costs according to the legislation, i.e. rates, applicable in the country in which you received treatment:**

VZP ČR is obliged to make inquiry to the institution in the country in which treatment had been provided (contact point or health insurance company in the respective country) about the amount that would be paid for such treatment from the local public health insurance to the locally insured person. It may take several months to process this kind of application depending on how long it takes to receive response from the foreign country. In such case, the proceedings shall be interrupted until the respective response is received. However, in such cases the reimbursed amount is usually higher than the amount calculated according to the Czech legislation. If you received treatment in a healthcare facility that is not connected to the local system of public health insurance, VZP ČR shall reimburse you at least an amount calculated according to the Czech legislation upon receiving response notifying it of that piece of information from the facility.

### **For Applicants applying for reimbursement of costs according to the Czech legislation, i.e. up to the amount of Czech rates:**

The amount to be reimbursed is calculated according to the Czech legislation based on a medical report issued by a medical officer of VZP ČR. Which means that it takes a shorter time for your

Application to be processed, however, the amount of reimbursement is usually lower than the amount that would be reimbursed to you according to the legislation of the respective foreign country, see above.

In particular, the costs of treatment that is not reimbursed from the public health insurance in the Czech Republic or that had not been indicated by a physician of the respective specialty according to the Czech legislation **shall not be reimbursed**. The same applies also for the situation when an approval of a medical officer of the insurance company is necessary for providing the respective healthcare in the territory of the Czech Republic, and the approval had not been given.

For more detailed information about using health services in the EU Member States and about your rights in relation to treatment in any of the EU Member States, please contact the respective contact point - **Kancelář zdravotního pojištění** (Health Insurance Bureau) in the Czech Republic. On the website [www.kancelarzp.cz](http://www.kancelarzp.cz) you will find detailed information about healthcare in the individual countries of EU, EEA, and in Switzerland. You can also send your inquiries to the **Contact Centre of VZP ČR** (e-mail address [info@vzp.cz](mailto:info@vzp.cz)).

I have read and understood the Instructions on ..... Signature .....