

**Prior Approval Application form for Temporary ROI Administrative Reimbursement Scheme****GUIDANCE NOTES**

**ROI Reimbursement** scheme will apply from 1<sup>st</sup> July 2021 and applications must be authorised by HSCB NI in advance of travelling to ROI for treatment. Retrospective applications will not be considered.

In choosing to access healthcare in ROI, the patient is effectively stepping outside of the Health and Social Care (HSC) system and using their rights under the Temporary administrative ROI reimbursement scheme to seek healthcare elsewhere. At this point, the patient is taking individual responsibility for ensuring that the service they obtain is appropriate and safe within the laws of Republic of Ireland (not under UK legislation). The HSC, under the administrative arrangements, will not be formally commissioning services from providers abroad and therefore will not be liable for the outcome of the treatment provided.

There are commissioning restrictions and treatments which are subject to conditional access for which an individual patient may not qualify. The Board operates a prior approval process to:

- ensure that such patients meet the same thresholds and qualifying criteria as those seeking treatment in the HSC; and
- protect the patient from the financial consequences of purchasing treatment for which they may not receive reimbursement.

The Board will reimburse treatment costs under the ROI planned treatment route provided:

- A. The patient is a legal resident of N.Ireland and entitled to the full range of HSC care.
- B. The patient has been diagnosed as having a clinical need for the treatment.
- C. The treatment for which the patient is seeking reimbursement is one which is commissioned by the Board for the diagnosis.
- D. The patient is in need of the treatment purchased based on HSC criteria i.e. the treatment is one the patient would have received within the HSC in the same clinical circumstances.
- E. The treatment will be paid for by the patient.
- F. No other source of reimbursement (e.g. GHIC, DWP) has been sought.
- G. The patient has sought prior approval for the treatment under the scheme.

**What you need to submit with this application form:**

1. Proof of residency documentation - Please see Section 10
2. Copy of clinical correspondence from HSC Trust confirming that you are on the waiting list for the treatment/surgery you are seeking

**Please note: HSC (NI) can only process claims for people ordinarily resident in Northern Ireland and legally entitled to HSC services. Reimbursements will only be granted for eligible treatment costs (i.e. not travel and associated accommodation).**

**The applicant is responsible for providing accurate and complete information with the application. This will form the basis of the decision making process. Incomplete applications will cause delay in approving and processing your claim.**

**Part 1: Applicant**

Are you (the applicant) also the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No - also complete Parts 8 & 9
---	--

**Part 2: Patient Details**

Surname name		First name(s)	
Date of Birth		Gender	
Telephone number		Email	
H&SC number		National Insurance No.	
Permanent address in Northern Ireland (inc. postcode)			
Alternative address for correspondence (if applicable)			
GP Name / Registered GP practice			
GP address (inc. postcode)			

**Part 3: Treating Northern Ireland Consultant and Health & Social Care Trust**

<b>3 a.</b>	Name of patient's local treating Consultant
<b>3 b.</b>	Contact number for N Ireland treating Consultant
<b>3 c.</b>	<p>Health &amp; Social Care Trust (HSCT)</p> <p>Please include a copy of correspondence from the HSC Trust or your treating GP confirming that you are on the waiting list for the treatment/surgery you are seeking.</p> <p>Have you included a HSC Trust letter?            <input type="checkbox"/> <b>Yes</b>            <input type="checkbox"/> <b>No</b></p>

3 d.	What is the DIAGNOSED medical condition for which the patient is planning to receive treatment(s) in Republic of Ireland?
3 e.	Describe the TREATMENT(S) the patient has received / is planning to receive abroad.

Part 4: Consultant / Provider Details In Republic of Ireland															
4 a.	The provider is in the (please tick) <input type="checkbox"/> Private sector      or <input type="checkbox"/> State sector														
4 b.	Please provide details below of the main establishment(s) where the patient was treated / is going to be treated (If this involves more than one establishment, please provide details on a separate sheet.)														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Name of treating Consultant</td> <td></td> </tr> <tr> <td>Name of establishment/Hospital in ROI</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Country</td> <td></td> </tr> <tr> <td>Telephone number</td> <td></td> </tr> <tr> <td>Email address</td> <td></td> </tr> <tr> <td>Fax number</td> <td></td> </tr> </table>	Name of treating Consultant		Name of establishment/Hospital in ROI		Address		Country		Telephone number		Email address		Fax number	
Name of treating Consultant															
Name of establishment/Hospital in ROI															
Address															
Country															
Telephone number															
Email address															
Fax number															
4 c.	If you have agreed dates for treatment please complete the section below about the specific DATE(S) for the treatment(s) in ROI? If not arranged put “no dates confirmed” and provide estimated length of inpatient stay and number of appointments expected to complete the treatment														

	In-patient stays (i.e. overnight stays in hospital)	
	Out-patient appointments (e.g. clinics / reviews)	
	Day-case procedures(admitted and discharged on the same day)	
	Other appointments (e.g. check-ups, physiotherapy)	
	Diagnostics tests (e.g. Blood tests / scans)	
	Equipment / Appliances issued (e.g. walking aids, hearing aids)	
4 d.	What are the estimated cost of the treatment?	
4 e.	You should discuss the post operative care with your local treating consultant and/or GP. Are you expecting to receive follow-up treatment from the HSC (NI) when you return?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Please inform your GP what post operative care you will need.</b>	

### Part 5: Residence

By ticking the following box, I confirm that I am ordinarily resident in Northern Ireland (living lawfully, on a settled basis), and entitled to receive HSC (NI) services:

Please provide the address you resided at, at time of treatment

---



---



---

### Part 6: Supporting Information

Information missing from the application submission will delay decision making and confirmation of prior approval for reimbursement.

( Please list any additional information that you have included with this application)

**Part 7: Declaration by the Applicant**

I declare that all the information I have provided is correct and complete. I understand and accept that if I knowingly withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings. I consent to the disclosure of all information relating to my application to and by HSCB Northern Ireland, the Department of Health, the Business Services Organisation, the Department of Work and Pensions, Electoral Office, Home Office, Passport Office, and other HSC (NI) bodies including NHSBSA, necessary for the processing and verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I understand that the HSCB NI is not liable for the care received abroad when funded under the administrative ROI Planned Treatment Reimbursement Scheme.

By ticking the following box, I confirm that the patient is normally resident in Northern Ireland and entitled to receive Health and Social Care (HSC) services:

I declare that I am the patient / I am acting with the consent of the patient / I am legally empowered to act on behalf of the patient (**delete as appropriate**)

Name of applicant			
Signature of applicant		Date	

**Part 8: Details of the Applicant (if different from the patient)**

Family name		First name(s)	
Relationship to patient		Title	
Telephone number		Email	
Applicant's address (for correspondence)			

**Part 9: Declaration by the Patient (required if different from applicant)**

I hereby give permission for the person identified as the Applicant in Parts 7 and 8 of this form to make this application on my behalf. I understand that the HSC (NI) is not liable for the care received abroad when funded via the Directive route.

If applying for reimbursement of costs, I hereby confirm that I have received the treatment described. **Please note that reimbursement will only be made to the patient or their parent/guardian. Reimbursement will not be made to a third party or service provider.**

Name of patient			
Signature of patient		Date	

**Part 10: Application checklist (you must complete this section prior to submitting your form)**

Checklist and other information to be submitted with this application form.

**10a. Clinical Supporting Letter** - A HSC hospital or GP letter confirming you are on a waiting list.

**10b. Proof of residence and entitlement**

The following supporting documentation will be required for proof that you are lawfully resident for a settled purpose and entitled to Health and Social Care Services and included with the application:

- Copy of passport; **or** Birth Certificate (UK National); **or** EU/EEA National Identity Card **or** a copy of a valid UK drivers licence **or** a copy of a NI voters card;

**and**

- A bank statement (showing day to day transactions). The bank statement must show your name and Northern Ireland address;

**and**

- Three consecutive payslips; **or** a recent benefits letter issued in NI showing receipt of Income Support or JSA; **or** letter regarding your UK State Pension; **or** letter from university or college at which you are studying; **or** a letter from HM Revenue and Customs with your National Insurance Number listed;

**and**

- Two of the following (within the last 3 months) utility bills; or a rates bill; or tenancy letter (within the last 3 months).

**10 c. All sections of the application form completed.**

**10 d. Signatures (patient/applicant)** \_\_\_\_\_

**10 e. Security Question and Answer** (please provide for phone call ID verification):

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

**Supporting documentation**

All other supporting documentation above can be copies. Please do not send original passports and birth certifications as we cannot accept responsibility for documents lost in transit. However, we will require original receipts as proof of payment after you been approved by the Board and had the treatment.

**Please note that this application will not be processed until all of the necessary supporting information above has been received. Incomplete applications will be returned or put on hold and not processed until complete.**

Please send your completed form and accompanying documents to the following address:

National Contact Point (NI)  
Patient Travel and Reimbursement Team  
Health & Social Care Board  
3<sup>rd</sup> Floor  
12-22 Linenhall Street  
Belfast, BT2 8BS

Or email: [NationalContactPoint@hscni.net](mailto:NationalContactPoint@hscni.net)

**Please note:** It can take up to 30 working days for a fully completed application to be processed and a decision to be made. You will be informed of the outcome of your application once a decision has been reached. Reimbursement can take 6-8 week for payment to be made.