

**Please note:** If you are applying for funding via the S2 route, or for funding of a treatment that is subject to Prior Authorisation, the relevant sections must be completed in full and the application approved by NHS Ayrshire and Arran, before treatment. If you are seeking funding via the Article 56 route (the Directive) and the treatment is *not* subject to Prior Authorisation, applying for funding before treatment is recommended, but not mandatory.

**To be eligible to apply to NHS Ayrshire and Arran patients must be a resident - within postcode KA and PA175.**

**PLEASE COMPLETE IN BLOCK CAPITALS**

<b>Please select one of the following options:</b>	<b>Please complete:</b>
<input type="checkbox"/> I am applying <i>before</i> receiving treatment in another EEA country	Section <b>A</b> , <b>B</b> and <b>D</b>
<input type="checkbox"/> I am applying <i>after</i> receiving treatment in another EEA country	Section <b>A</b> , <b>C</b> and <b>D</b>

**Section A**

**To be completed by all applicants**

Part 1: Details of the patient			
Surname (Family name)		First name(s)	
Date of Birth		Gender	
Telephone no.		Email	
Permanent Address			
Post Code:			
Registered GP Practice		GP Name	
GP Address			
Post Code:			
Part 2: Confirmation of applicant			
Are you the patient?	<input type="checkbox"/> No Complete Part 3 <input type="checkbox"/> Yes Go to next relevant section (B or C)		
Part 3 – Details of the applicant (if different from the patient)			
Surname (Family name)		First name(s)	
Date of Birth		Gender	
Telephone no.		Email	
Relationship to patient			
Applicants Address <i>This will be used for all correspondence</i>			
Post Code:			

**Section B**  
**Complete if applying before your treatment**

**Part 1: Details of Treatment**

Please select one of the following options.	<input type="checkbox"/> I want to apply for funding via the S2 route <input type="checkbox"/> I want to apply for funding via the Article 56 route	
What is the diagnosed condition for which you are seeking treatment abroad?		
Are you already receiving treatment for this condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>if yes please detail below</i> )	
Please provide details of the Doctor/Consultant who is providing the diagnosis or treatment.	Doctor/Consultant's name	
	Doctor/Consultant role (e.g GP)	
Please briefly describe the treatment you are planning to receive abroad.		
<b>Please attach a letter from the patient's Doctor/Consultant, describing the patient's condition and confirming the medical need for the treatment.</b> (If you are applying via the S2 route, this will need to be from a UK consultant. If applying via the Article 56 route, please ensure the letter is in English, even if provided by a Doctor/Consultant from another EEA country).		
<b>Please provide details of the main establishment where treatment will be provided.</b> (If the patient will be treated at more than one establishment, please provide details on a separate sheet.)	Treating Doctor/Consultant's name	
	Name of Establishment	
	Address	
	Country	
	Telephone no.	
	Email address	
	The provider is: <input type="checkbox"/> Private Sector <input type="checkbox"/> State Sector	
What is the total estimated cost of the treatment?		
What is/are the proposed date(s) of treatment?	From	To
Have you applied for funding for this treatment before?	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>Please supply date and any reference number below</i> )	
Are you seeking treatment abroad because of a delay in being treated by the NHS Ayrshire and Arran?	<input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>If yes, please ensure the treating / diagnosing clinician states in the enclosed letter whether or not the treatment can be provided by NHS Ayrshire and Arran in a medically acceptable timeframe.</i> )	
Are you expecting to receive follow-up treatment from NHS Ayrshire and Arran when you return?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**Please go to Section D**

File Name: European policy Article 56	Version: 1	Date: 7 <sup>th</sup> June 2013
Produced by: R Ralston, Head of Risk Management & UNPACs	Page: 4	Review Date: June 2014 Circulation type (internal/external): Internal/External

**Section C**  
**Complete if applying for reimbursement after treatment**

**Part 1: Details of treatment**

Have you already applied for funding for this treatment (i.e. prior to being treated)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Please supply date and any details below)</i>	
Has this treatment already been funded via another route (e.g. EHIC)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
What is the diagnosed medical condition for which the patient has received treatment abroad?		
During what period did the patient receive treatment abroad?	From	To
Please briefly describe the treatment the patient has received abroad.		
Please attach a letter from the patient's Doctor/Consultant, describing the patient's condition and confirming the medical need for the treatment.		
<b>Please provide details of the main establishment where treatment was treated.</b> (If the patient was treated at more than one establishment, please provide details on a separate sheet.)	Treating Doctor/Consultant's name	
	Name of Establishment	
	Address	
	Country	
	Telephone no.	
	Email address	
Are you claiming reimbursement for prescribed drugs paid for in another EEA country?	<input type="checkbox"/> No <i>(Please go to part 2)</i> <input type="checkbox"/> Yes <i>(Please complete the following 2 questions)</i>	
Please provide details of the pharmacy that dispensed the drugs.	Name of Establishment	
	Address	
	Country	
	Telephone no.	
	Email address	
Is the patient exempt from NHS charges (e.g. dental charges)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Please provide details of why below)</i>	

## Part 2: Itemised reimbursement claims

**In the table below, please list all the expenditure for which you are claiming reimbursement.** (No reimbursement can be made without proof of payment. Please attach the **originals** of all bills, invoices and receipts, in addition to **English translations** where the originals are in another language.

If you need more space, please continue on a separate sheet and tick the box to show you have done so).

Date of receipt	Establishment Paid	Treatment Covered	Amount paid (state currency)
If you have included an additional sheet, please tick here <input type="checkbox"/>		<b>Total Claimed</b>	

**Please go to section D**

**Section D**  
**To be completed by all applicants**

**Part 1: Declaration by the applicant (to be completed in all cases)**

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 NHS Ayrshire and Arran, the Department of Health, the Department of Work and Pensions for the processing and verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I understand that NHS Ayrshire and Arran is not responsible for the treatment that is delivered and no duty of care is attached to any authorisation of care received abroad when funded via the S2 or Article 56 route.

By ticking the following box, I confirm that the patient is an NHS Ayrshire and Arran resident - within postcode KA and PA175: ☐

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 (confirmation should be supplied) ☐

<b>Name of Applicant</b>		
<b>Signature of Applicant</b>		<b>Date:</b>

**Part 1: Declaration by the patient (required if different from applicant)**

I hereby give permission for the person identified as the Applicant in Section A of this form to make this application on my behalf. I understand that NHS Ayrshire and Arran is not liable for the care received abroad when funded via the S2 or the Article56 route.

If applying for reimbursement of costs, I hereby confirm that I have received the treatment described and understand that the Applicant in Section A will receive any reimbursement issued.

<b>Name of Patient</b>		
<b>Signature of Patient</b>		<b>Date:</b>

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

Executive Medical Director's office  
University Hospital Ayr  
Dalmellington Road  
Ayr  
KA6 6DX

**Please note:** It can take up to 20 working days (40 working days if further information is required) for an 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.

File Name: European policy Article 56	Version: 1	Date: 7 <sup>th</sup> June 2013
Produced by: R Ralston, Head of Risk Management & UNPACs	Page: 7	Review Date: June 2014 Circulation type (internal/external): Internal/External