



REQUEST FOR DIRECT BILLING OF HIGH MEDICAL COSTS

For beneficiaries of primary cover under the JSIS (*) (see reverse side)
In accordance with the provisions of Chapter 4 of Title III of the General Implementing Provisions

To be returned to the Joint Sickness Insurance Scheme Settlements Office - **see details overleaf** U

Name and first name of member:..... Pers./Pension No:.....
 Institution and place of employment:..... Office address:.....Tel.:.....
 Private address if you are retired:.....
 E-mail address :

Date of termination of employment / date of end of contract:..... (for temporary staff or contract staff)

Request for direct billing of costs in respect of ¹ :

member of the Scheme spouse or recognised partner child person treated as a dependent child.
 Name and first name:..... Date of birth:.....

HOSPITALISATION ¹

Expected date of admission to hospital:

Nature of stay in hospital:
 Hospitalisation for treatment or operation
 Rehabilitation or re-education following a medical condition or operation resulting in invalidity
 Treatment for psychiatric condition
 Palliative care (including palliative care at home)

Is it related to:
 Accident Date of accident ² :
 Childbirth See excessivity and childbirth on the reverse side
 Recognised serious illness Decision reference number ²:
 Plastic surgery Prior authorisation reference number ²:
 Dental implant surgery Dental estimate reference number ²:

Short description of the operation :

Cost of the stay in hospital:
 Daily price of the room ² :
 We inform you that the cost of the room will be reimbursed up to the price of the least expensive single room in the hospital. The amount that exceeds this price will be considered as excessive and will remain at the affiliate's expense.
 Estimate of the total price :

NB: All the main invoices from the hospital relating to your hospitalisation are paid by your Settlements Office; if you receive any of these invoices directly, please forward them to your Settlements Office, without payment.

Price not available : I assume full responsibility for all excessivity or amounts exceeding the reimbursement ceiling

INTENSIVE OUT-PATIENT CARE ¹

Recognised serious illness Decision reference number ²:

HIGH AND/OR REPETITIVE MEDICAL COSTS ¹

Only if the monthly costs exceed 20% of the member's pension or basic salary :
 Repeated purchase of expensive medicines ³
 Repeated use of a standard or light ambulance
 Only if the monthly costs exceed 20% of the member's pension or basic salary
 Prior authorisation reference number ²:
 Expensive tests ³
 Reference number of prior authorisation ² if required:
 Valid from until Monthly cost:

NAME AND ADDRESS OF HEALTHCARE PROVIDER (hospital/clinic/pharmacy, etc.):

Name:
 Address: Town/city and country:
 Tel no: Fax no: E-mail Address :

I have taken careful note that persons entitled to the foregoing benefits shall declare the amount of any reimbursements paid or which they can claim under any other sickness insurance scheme provided for by law or regulation for themselves or for persons covered by their insurance. (cfr. Article 72§4 of the Staff Regulations)

I am aware of and undertake to comply with the conditions and rules in force (see overleaf):

Date Member¹
 Signature of applicant Legal representative ¹ :
 Name and forename :

¹ Please tick the appropriate box

² Essential information for hospitals with which no agreement has been entered into

³ It is essential to attach a copy of the medical prescription indicating the type of pharmaceutical products/tests and their duration.

Rules on direct billing (Chapter 4 of Title III of the General Implementing Provisions)

In accordance with Article 30 of the Joint Rules advances may be granted to members to enable them to meet major items of expenditure. Direct billing is the primary form of assistance, although advances may be granted under exceptional circumstances.

Persons who are only eligible for JSIS top-up cover will not be granted direct billing unless it can be established, by means of the necessary documentation, that the JSIS is to take the place of the primary scheme in accordance with the provisions of this Title on top-up cover.

Direct billing

Members must apply for direct billing in advance, except in an emergency or a case of force majeure.

Direct billing is granted in the following instances:

- In the event of hospitalisation, direct billing covers the main invoices and the surgeon's fees.

If they are invoiced separately, invoices from the anaesthetist and the assistant may also be covered by direct billing.

The maximum duration of direct billing of this type is 60 days. If the stay in hospital exceeds 60 days, an application for an extension should be submitted to the Medical Officer, together with a medical report explaining the need for the extension.

- Intensive out-patient care as part of a serious illness (e.g. radiotherapy, chemotherapy or dialysis).

- Expensive medicines that must be bought repeatedly, such as growth hormones, repeated use of a standard or light ambulance, or expensive tests, if the monthly costs exceed 20% of the member's pension or basic salary.

In the event of direct billing, after the reimbursement rates have been calculated the costs to be met by the member are, as a rule, deducted from later reimbursements, or from salary, pension or other sums owing from the institution. At the request of the Settlements Office, the balance may be reimbursed by a transfer to the JSIS bank account.

The advance must be settled in principle within 3 years **at the latest** counting from the date of the granting of the advance. (Art. 30 of the Sickness Rules).

Excessive costs (JOINT RULES, Article 20§2)

In the case of benefits for which no reimbursement ceiling has been set, the proportion of the costs deemed excessive by comparison with normal costs in the country where the costs have been incurred shall not be reimbursed. The portion of the costs deemed excessive shall be determined on a case-by-case basis by the Settlements Office after consulting the Medical Officer.

Childbirth: see website: https://myintracomm.ec.europa.eu/hr_admin/en/sickness_insurance/treatments-AZ/Pages/pregnancy.aspx

(*) Special rules for top-up reimbursement (Chapter 3 of Title III of the General Implementing Provisions)

Beneficiaries of top-up cover must first apply to their primary national social security scheme for reimbursement of medical expenses, as the JSIS acts only as a top-up scheme.

However, expenditure related to treatment that is not reimbursed by the primary scheme may be reimbursed by the JSIS provided it is covered by the Scheme. In such cases, the JSIS effectively acts as the primary insurer.

If, as a result of the freedom to choose the healthcare provider, especially for expenditure on healthcare received abroad, no reimbursement from the primary scheme is possible, the JSIS may also step in to cover treatment which it reimburses, provided the necessary documentation is provided showing that the procedures and rules of the primary scheme have been respected. In such cases the JSIS becomes the primary scheme for the treatment concerned.

Beneficiaries of top-up cover who depend on a national health service may only be reimbursed for expenditure incurred in the private sector for the treatments listed below if they can show that there are obvious failings in the public system (e.g. long waiting lists, or if the treatment is not available):

- hospitalisation and operations,
- treatment and tests in hospitals or clinics,
- convalescent and nursing homes,
- home carers,
- thermal cures and convalescence.

Prior authorisation is required.

Other treatment not included in the list above may be reimbursed by the JSIS provided it covers such treatment.

Restrictions on freedom of choice do not apply either to the member or to dependent children with top-up cover.

Addresses of the JSIS Settlements Offices

Brussels Settlements Office European Commission Bureau SC27 3/04 B-1049 Brussels Tel.: +32-2-295.98.56 Fax: +32-2-295.97.01	Ispra Settlements Office European Commission PMO/06 - TP 730 Via E. Fermi, 2749 I-21027 Ispra Tel.: +39-0332-789966 Fax: +39-0332-789423	Luxemburg Settlements Office European Commission DRB - B1/073 L-2920 Luxembourg Tel.: +352-4301.36103/36406 Fax: +352-4301.36019
PMO-CONTACT : https://ec.europa.eu/pmo/contact/ - Tel : + 32 (0)2 29 97777		

I am aware of and undertake to comply with the conditions and rules in force :

Date

Signature of applicant

Member¹

Legal representative ¹ :

Name and forename :.....