

Application for payment participation of medical cost abroad

1. Name		2. ID number (Kennitala)
3. Residence in Iceland	4. Postal code	5. Place
6. Phone number	7. Email (Uppercase letters)	
8. Resident abroad	9. ID number abroad	

10. Country of stay:	11. Travel period:			
	From To			
12. Reason of stay?				
Student (confirmation of studies is required) Vacation Work Residence				
Other, what?				
13. Are all the bills paid? 🗌 Yes 📄 No				
14. Further explanation of medical treatment abroad (Uppercase letters)				
15. Have you applied for reimbursement at a private insurance company?				
NO Yes, with who?	surance provided by the credit card companies when airfare is			
paid by credit card.				

<u>Medical bills, which state what kind of medical service was provided and receipt of payment must be submitted with the application. Iceland Health has authority to request additional data if necessary.</u>

16. Name			17. ID number
18. Reside	nce, postal c	ode, place	
19. Bank ii	nformation		
Bank	hb.	Account number	

If other than the patient is to receive the reimbursement, then a power of attorney must be submitted. If the patient is a child under 18 years old, then the child's guardian will receive the reimbursement.

By signature, the applicant gives Iceland Health authority to obtain the necessary information from the National Registry, insurance companies and tax authorities.

20. Place and date	21. Signature

The applicant is responsible for ensuring that the information is true and correct, cf. Paragraph 4 Article 34 Act no. 112/2008. Inadequate or incorrect disclosure can result in a reimbursement claim by Iceland Health as well as the payment of penalty interest, cf. Articles 34 and 37. Act no. 112/2008.