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# Entitlement to scheduled treatment

EU Regulations 883/04 and 987/09 (*)

## INFORMATION FOR THE HOLDER

This is your certificate of entitlement to certain medical treatment abroad. If you present it to the health care institution in the State where the treatment will be provided, you will receive medical treatment under the same conditions as persons insured in that State.
You may be entitled to a supplementary reimbursement according to national reimbursement rates.
Your health care institution will advise you on this. For a list of health care institutions, see
http://ec.europa.eu/social-security-directory/

## 1. PERSONAL DETAILS OF THE HOLDER

| | | | |
|---|---|---|---|
| 1.1 | Personal Identification Number in the competent Member State | | |
| 1.2 | Surname | | |
| 1.3 | Forenames | | |
| 1.4 | Surname at birth (**) | | |
| 1.5 | Date of birth | | |
| 1.6 | Current address | | |
| 1.6.1 | Street, N° | 1.6.3 | Post code |
| 1.6.2 | Town | 1.6.4 | Country code |

## 2. KIND AND LOCATION OF TREATMENT

| | | | |
|---|---|---|---|
| 2.1 | Treatment | | |
| 2.2 | Location of the treatment | | |
| 2.3 | Expected period of treatment | | |
| 2.3.1 | Start date | 2.3.2 | End date |

(*) Regulations (EC) No 883/2004, articles 20, 27 and 36, and 987/2009, article 26 and 33.
(**) Information given to the institution by the holder when this is not known by the institution.



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## 3. INSTITUTION COMPLETING THE FORM

| | | | |
|---|---|---|---|
| 3.1 | Name | | |
| 3.2 | Street, N° | | |
| 3.3 | Town | | |
| 3.4 | Post code | 3.5 | Country code |
| 3.6 | Institution ID | | |
| 3.7 | Office fax N° | | |
| 3.8 | Office phone N° | | |
| 3.9 | E-mail | | |
| 3.10 | Date | | |
| 3.11 | Signature | | |

STAMP