



## CLAIM FORM FOR REIMBURSEMENT OF TREATMENT / HEALTH CARE SERVICE(S) SOUGHT UNDER CROSS-BORDER Regulations

Section 1: Patient Details			
Surname:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name:			<input type="checkbox"/> Other _____
I.D. No.:		Date of birth	
Resident Permit No.		Tel. No.:	
Email:		Mobile No.:	
Address:	Permanent residence address in Malta	Alternative address for correspondence	
Is the patient entitled to healthcare from the Public Health Care System in Malta? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2: Health Care Service/s	
What is the <b>diagnosed</b> medical condition for which the patient has received treatment abroad? (as documented in attached medical summary)	
Was prior authorization of treatment sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of the health care service(s) / treatment(s) received abroad:		
Treatment Abroad	Please specify	Dates health care received
Investigations (e.g. blood tests / scans)		
Consultation		
Intervention(s)		
Medication/drug(s)		

Length of stay in health care facility		
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\*Member State where patient is entitled to Health Care

\*\*Competent Institution: responsible for the publicly funded national health care system

What is the reason you sought treatment abroad?	
Do you require follow-up treatment in Malta?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 3: Details of Health Care Provider(s) where patient received treatment**

Name of health care facility:	
Name of treating clinician:	
Address of Health Care Facility:	
Country:	
Telephone number:	
Email address:	
The health care provider is in the:	<input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector
Where you satisfied with the service and quality of the health care service(s) received abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?

**Medications/drugs prescribed and dispensed:**

Name of Pharmacy that dispensed drugs:	
Address of Pharmacy:	
Country	
Telephone number	
Email address	

**Section 4: Expenditure for which reimbursement is being claimed**

Date of receipt	Establishment paid	Treatment covered	Receipt amount paid


Total number of receipts (proof of payment) submitted with this form:

**Section 4: Attachment of Required Documentation**

Yes

Yes Medical Summary: a letter/report from the health care facility where treatment was received must be attached. This should include a description of the treatment(s) received, date(s) treatment(s) was received, any diagnostic tests performed, and any medication/drug(s) used as part of the treatment.

Y  N Copy of Schedule V form (yellow card) (if applicable)

Yes Original itemized receipts

Fiscal Receipt/Credit card receipt

Bank statement

**Section 5: Declaration and Signature(s)**

I declare that to the best of my knowledge all the information given in this form is correct and complete.

I understand that the Department of Health is not liable for health care received abroad under the Cross-border directive.

I understand that reimbursement of eligible treatment costs is up to the amount as costed by the Public Health Care System in Malta, or the actual cost of the healthcare service received, whichever is the lowest, and does not include travel, accommodation, or any other additional expenses.

I confirm that I am not in receipt of reimbursement for the above-mentioned health care service(s) from any other source.

..... Patient's signature	..... Date	..... Signature of Parent / Legal Guardian / Custodian of minor or if incapable of taking care of his/her own affairs
..... Full Name and Surname (block letters)	..... I.D. number of signatory	..... Full Name and Surname (block letters)
		..... Relation to patient.

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**OFFICE USE:**

Case No \_\_\_\_\_ Officer receiving form \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement:     Yes     No

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NB: All documentation can be submitted in electronic format but the right to review original documents is reserved.

**DATA PROTECTION STATEMENT:** All personal data is processed in accordance with the Data Protection Act and as permitted by law. Further information about your data can be obtained on request.

Last updated July 2023.  
Review 2025.