

S2 TREATMENT PROVIDER DECLARATION FORM

Information For Providers:

The Planned Treatment 'S2' Scheme (named after the S2 administrative form) is a funding route available pursuant to reciprocal healthcare agreements between the EU, EFTA and the UK. It applies to all European Economic Area (EEA) countries and Switzerland. The S2 arrangements allow people residing in the UK or EEA country, irrespective of their nationality, to obtain planned healthcare treatment in another EEA country (or Switzerland if nationality requirements are met) at the expense of the state competent for their healthcare. It also provides a right of entry for a person to accompany the patient to provide care and/or support – travel and accommodation costs are not included in S2 funding.

The EU-UK Withdrawal Agreement, The EU-UK Trade and Co-operation Agreement, the EEA EFTA Separation Agreement, the Swiss Citizens' Rights Agreement and the UK and EEA-EFTA Social Security Coordination Convention all contain S2 rights.

As part of the application for Planned Treatment Abroad (S2) the applicant must provide supporting evidence from the proposed treatment provider which demonstrates:

- Support of the diagnosis and medical need for treatment
- Confirmation of how soon the treatment is needed and why based on clinical assessment.
- Confirmation that a UK issued S2 can be accepted and processed through the Healthcare Authority in the provider's country
- The planned treatment dates & estimated costs this should include any necessary pre/post operative requirements.

This information must be provided on official letterheaded correspondence, from a business email address, if supplied digitally. All medical documentation will need to be translated, so it can be understood, to progress an application. Translation is the responsibility of the applicant.

The 'S2' certificate is a European-wide form that allows individuals to access state funded planned treatment abroad on the same basis as an insured person of that country. The patient will present the S2 certificate prior to receipt of their treatment. The treatment provider should present this to the Health Authority so that a refund can be processed via the UK.

Payment:

The treatment provider should not ask the patient for payment, other than for the co-payment charge, as the treatment costs will be covered by the S2 certificate. If the provider asks for payment, this is an indication that S2 funding is not appropriate, and this will invalidate the S2 arrangement for the patient.

Co-payment charge

The treatment provider should provide treatment under the same conditions of care and payment that would apply to residents of the treating country. The only charge that the provider should make to the patient is for the co-payment charge.

Important – the UK is no longer part of the EU Cross-Border Healthcare arrangements (the EU Directive). This means that patients are unable to claim back paid costs of planned state-funded or private healthcare treatment in an EEA country. Prior approval must be given and an S2 certificate issued before planned state funded healthcare is received.



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Please read the guidance notes carefully. Completion of the declaration confirms that you have read and understood the eligibility requirements of the Planned Treatment (S2) Scheme.

Patient name:	
DoB:	
Patient Address:	
Diagnosis / treatment:	
I, as a representative of the	treatment provider, confirm:
☐ The provider can accept under the same conditions	an S2 form as the treatment is being provided in the state healthcare sector as insured citizens.
	rting the diagnosis and the need for treatment prior to the treatment taking e applicant. This letter has been signed by the treating clinician.
☐ Details of the planned tr letter. This is from the prov	eatment dates and estimated costs have been provided within a supporting rider and not the clinician.
\Box The requested treatmer citizen of their country.	nt is state-funded healthcare and is offered on the same basis as an insured
	provided will be charged through the Health Authority in their country ept co-payment charges which the patient may be asked to pay directly cice.
citizens of the treating cou	charged any fees other than those which would be payable by insured intry receiving the same state-funded treatment. If applicable, co-payments e patient and are clearly identified on the patient invoice.
Name and address of trea	nting Provider:
Name of treating clinician):
Provider representative s	igning declaration:
Name:	
Job Title:	
Signature:	
Date of signature:	