

UK S2 PLANNED TREATMENT APPLICATION FORM (ENGLAND)

THIS S2 FORM IS FOR UK (ENGLAND) RESIDENTS, WHO ARE WANTING TREATMENT IN AN EU (NON-UK) COUNTRY.

IF TREATMENT IS REQUESTED IN NORWAY, ICELAND, LIECHTENSTEIN OR SWITZERLAND, PLEASE CONTACT US TO CONFIRM IF YOU ARE ELIGIBLE, BEFORE YOU APPLY.

DO NOT USE THIS FORM IF YOU HAVE A UK ISSUED S1 AND LIVE IN ANOTHER EU (NON-UK) COUNTRY. THERE IS A SEPARATE FORM AND GUIDANCE FOR THIS.

FIND OUT MORE ON THE NHS WEBSITE AT WWW.NHS.UK BY SEARCHING FOR 'HEALTHCARE ABROAD'. THIS INCLUDES SUPPORTING GUIDANCE NOTES FOR THE S2 APPLICATION FORM.

IF YOU DO NOT FOLLOW THE SUPPORTING GUIDANCE, THE LIKELIHOOD IS THAT YOUR APPLICATION MAY NOT BE COMPLETE OR ACCURATE (WHICH MAY DELAY YOU RECEIVING A DECISION AND MAY EFFECT YOUR ELIGIBILITY TO FUNDING).

Part 1: S2 Funding Route

- I am applying **before** treatment for a UK issued S2
- I can confirm that the planned treatment is in the state healthcare sector
- Treatment is planned in the following EU country _____
- I can confirm I am ordinarily resident in England and do not have a UK issued S1.

Part 2: Patient Details (Please record clearly, in BLOCK CAPITALS)

Family name		First name(s)	
Date of Birth		Sex	
Telephone number(s)			
Email address			
NHS number			<i>This is normally a 3-3-4 digit format</i>
National Insurance No			
Permanent / settled address in England (<i>inc. postcode</i>) <i>for correspondence</i>			
Alternative address for correspondence (<i>only if applicable, please state reason</i>)			
GP Name / Registered GP practice (<i>this must be the GP you were registered with at the time of the treatment you are applying for</i>):			
GP address (inc. postcode)			

Part 3: Treating Clinician / Provider Details

Provide details of the main establishment(s) in the country you want to receive treatment in, (in relation to the treatments for which you are applying for funding). If this involves more than one establishment, please provide details on a separate sheet.

Treating clinician name	
Name of establishment	
Address	
Country	
Telephone number(s)	
Email address	
Fax number	

Part 4: Treatment details(in relation to this application)

What is the **DIAGNOSED** medical condition for which you are planning to receive treatment(s) abroad?

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Describe the TREATMENT(S) you are planning to receive abroad.

Part 5: Supporting relevant information (to application)
(continue on a separate sheet if needed)

Part 6: Declaration by the Patient

I declare that all the information provided is correct and complete. I understand and accept that if I knowingly withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings.

I consent to the disclosure of all information relating to my application to and by NHS England and NHS Improvement, the Department of Health and Social Care (DHSC), NHSBSA, NHS Counter Fraud Authority and other NHS organisations / external parties, necessary for the processing and verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I understand that the NHS is not liable for the care received abroad when funded via the UK S2 route.

I also hereby give permission for the person identified as the Applicant in Part 7 and 8 of this form to make this application on my behalf (if applicable).

Name of patient			
Signature of patient		Date	

Part 7: Confirmation of the Applicant

Are you (the patient) also the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Please complete Parts 8 & 9
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Part 8: Declaration by the Applicant

I declare that I am applying with the consent of the patient / I am legally empowered to act on behalf of the patient **(delete as appropriate)**

Name of applicant			
Signature of applicant		Date	

Part 9: Details of the Applicant

Family name		First name(s)	
Relationship to patient		Title	
Telephone number		Email	
Applicant's address (for correspondence)			

Part 10: Application Check List

(Please complete and submit this section with your form)

Tick	Documents / checks required to support application form
<input type="checkbox"/>	You have submitted: Treating EU/UK clinician's medical letter supporting diagnosis and medical need for treatment. This must be no more than 6 months old and prior to treatment start date, <i>(original copy and English translation required)</i> .
<input type="checkbox"/>	You have submitted: Written support from your treating EU/UK clinician which states how soon you need your treatment and why (based on their clinical assessment). This is required for the "Undue Delay" criteria <i>(original copy and English translation required)</i> .
<input type="checkbox"/>	You have submitted: Written confirmation from the treatment provider that they will accept a UK S2, the planned treatment dates & estimated costs.
<input type="checkbox"/>	All sections of the application form have been fully completed.
<input type="checkbox"/>	All Signatures provided on application form <i>(patient / applicant)</i> .
<input type="checkbox"/>	Security Question and Answer: Q: _____ <i>(please provide for phone call ID verification)</i> A: _____
UK S2 disclaimer This scheme only covers the cost of planned treatment, as agreed with the UK Government. The S2 certificate is not an alternative to comprehensive medical or travel insurance, which may be required to cover the costs of any treatment which an S2 certificate will not specifically authorise. Please keep up to date with information on available funding options on the NHS website at www.nhs.uk by searching for 'healthcare abroad'.	
Signature of applicant confirming you have read and understood the above disclaimer: Signature: _____ Date: _____	

- Where possible, please send your application and supporting documentation by email to: england.europeanhealthcare@nhs.net.
- Please email your documents as a PDF attachment, do not email embedded documents or photographs of documents. Also organise documents into one PDF for each "category" (e.g. application form, proof of residence, medical documentation in 3 separate PDFs). This will enable your application to be assessed more quickly.

Paper documents should be sent to the following address:

European Cross Border Healthcare Team
NHS England
Fosse House, 6 Smith Way
Grove Park, Enderby
Leicester, LE19 1SX

Or email: england.europeanhealthcare@nhs.net

Or telephone: 0113 8249653.

Please note: It can take up to 20 working days for a fully completed application to be processed and an entitlement decision to be made.