



REIMBURSEMENT OF EXPENSES FOR MEDICAL/DENTAL CARE PROVIDED DURING A TEMPORARY STAY IN ANOTHER EU COUNTRY

In connection with the commitments of the National Health Insurance Fund arising from the full membership of the Republic of Bulgaria in the European Union, the NHIF shall consider applications from citizens seeking reimbursement under Article 25(B)(5) to (9), Article 26(B)(6) to (7) of Regulation (EC) No 987/2009 or existing bilateral social security agreements.

The main requirement for reimbursement of such costs is that the medical assistance is necessary for medical reasons arising during the insured person's stay in another Member State of the European Union and that the assistance is received under the public health system of that State.

Under the European Regulations, user charges and co-payments payable by the patient which apply in the territory of the country where the assistance is received are not reimbursable (i.e. remain the responsibility of the person).

Applications for reimbursement of costs under Article 25, Article 26 of Regulation (EC) No 987/2009, incurred on the territory of another EU Member State and countries with which the Republic of Bulgaria has concluded bilateral agreements/agreements on social security are addressed to the Manager of the NHIF and can be submitted in person to the Central Unit of the NHIF, through the Regional Health Insurance Fund or by post (given the nature of the information contained in the application, we recommend that when sending by post, a registered letter with return receipt is used).

Applications sent by e-mail to the NHIF will not be accepted.

The required documents to be submitted for consideration by the NHIF are:

1. A free text declaration of consent to the provision of personal data of the person receiving medical care and of the applicant in cases where the application is submitted by an authorised representative of the person receiving medical care;
2. Originals of supporting documents proving the medical/dental care provided or medicinal products purchased (invoices, bills, etc.) with an official translation into Bulgarian;
3. Originals of payment documents (receipt, cash voucher, bank statement, etc.) with an official translation into Bulgarian certifying payment made under the submitted supporting documents for the medical/dental care received or medicinal products purchased;
4. A copy of medical documentation with an official translation into Bulgarian, certifying the medical/dental care received or medicinal products purchased and the period of its performance;
5. An original document issued by the relevant bank confirming the details of the person's personal IBAN bank account number in Bulgarian lev;

6. Certified copy of a document certifying the capacity of guardian (for the wholly incapacitated persons), custodian, or parent;
7. Certified copy of the birth certificate and the foreign passport (ID card) of the child (if the application is submitted by a parent).
8. Notarized power of attorney - original or notarized copy (if a proxy applies), which explicitly states that the proxy is authorized to submit to the NHIF an application and the necessary documents for reimbursement of expenses for necessary medical care/appropriate (scheduled) treatment provided in a specific case, as well as on what basis the reimbursement is to be made, and to receive at his/her own expense the amount determined for reimbursement under the respective application (if this is the applicant's wish);
9. In cases where reimbursement of all or part of the cost of appropriate (scheduled) treatment received is claimed, a certified copy of the authorisation for suitable (scheduled) treatment issued by the NHIF and/or the attached form S2 "Eligibility for scheduled treatment" abroad shall be attached to the documents.

Note: Each translation of an individual document should be printed on separate pages.