



REQUEST FOR DIRECT BILLING OF COSTS OF CARE IN A CONVALESCENT OR NURSING HOME OR EQUIVALENT ESTABLISHMENT

For beneficiaries of primary cover under the JSIS (*)

In accordance with the provisions of Chapter 4 of Title III of the General Implementing Provisions

To be returned to the Joint Sickness Insurance Scheme Settlements Office – **see details overleaf** ↴

Name and first name of member: Pers./ Pension No:.....
Institution and place of employment: Office address:Tel.:
Private address if you are retired:
Date of termination of employment / date of end of contract: (for temporary staff or contract staff)

Request for direct billing of costs of care in respect of ¹ :

☐ member of the Scheme ☐ spouse or recognised partner ☐ child ☐ person treated as a dependent child

Name and first name: Date of birth:

☐ Residing in a convalescent or nursing home or equivalent ¹ :

Total monthly costs ² :
of which monthly care costs:
monthly accommodation costs:

Start date:

Reference number of decision (authorisation) ³ :

NAME AND ADDRESS OF CONVALESCENT OR NURSING HOME OR EQUIVALENT:

Name:

Address:

Town/city and country:

Tel. no: Fax no:

E-mail address:

☐ I have taken careful note that persons entitled to the foregoing benefits shall declare the amount of any reimbursements paid or which they can claim under any other sickness insurance scheme provided for by law or regulation for themselves or for persons covered by their insurance. (cfr. Article 72§4 of the Staff Regulations)

N.B.:

A new request for direct billing must be introduced if you change establishment or type of establishment.

**I am aware of and undertake to comply with the conditions and the rules in force
(see overleaf)**

Date
Signature of applicant

☐ Member¹
☐ Legal representative ¹:
Name and forename:

¹ Please tick the appropriate box

² It is essential to attach a copy of the invoice

³ Essential information without which the letter of direct billing will not be issued

Reimbursement – Convalescent and nursing homes – (Chapter 3 of Title II of the General Implementing Provisions)

The request for prior authorisation must be accompanied by a medical report justifying the need for residence in the home and specifying the nature of the care required by the patient, and by the two forms [in the Annexes to Chapter 3], duly completed by the patient's doctor.

Authorisations are granted for a maximum of 12 months and are renewable.

All of the costs of care and accommodation are reimbursable at the rate of 85%, or 100% in the case of serious illness, with a ceiling of €36 per day for accommodation costs, (18€ in a day-care centre).

If all items are aggregated on the invoice so that it is not possible to separate the costs of care from the accommodation costs, the costs will be divided according to the degree of dependence in the proportions given in the following table:

Degree of dependence	Costs of care	Accommodation costs
4	30 %	70 %
3	50 %	50 %
2	60 %	40 %
1	70 %	30 %

In such cases the accommodation costs will be subject to the same ceiling of €36 per day.

Direct billing

If the costs of care and accommodation are invoiced separately, the direct billing will correspond to the amount relating to the costs of care, and the invoice you receive from the home will correspond to the accommodation costs.

If all items are aggregated on the invoice, the direct billing will correspond to the percentage for the costs of care given in the table above, the invoice you receive from the home must show the full price and the amount deducted for direct billing, and the difference will correspond to the percentage for accommodation costs.

Our direct billing system also covers all medical expenses not included in the flat-rate charge for care, such as consultations with a medical practitioner, pharmaceutical products, analyses and tests, and ambulance costs (based on supporting documents enclosed with the invoice). The advance must be settled in principle within 3 years **at the latest** counting from the date of the granting of the advance. (Art. 30 of the Sickness Rules).

Excessive costs (JOINT RULES, Article 20§2)

In the case of benefits for which no reimbursement ceiling has been set, the proportion of the costs deemed excessive by comparison with normal costs in the country where the costs have been incurred shall not be reimbursed. The portion of the costs deemed excessive shall be determined on a case-by-case basis by the Settlements Office after consulting the Medical Officer.

(*) Special provisions for beneficiaries of top-up cover - (Chapter 3 of Title III of the General Implementing Provisions)

Beneficiaries of top-up cover must first apply to their primary national social security scheme for reimbursement of medical expenses, as the JSIS acts only as a top-up scheme.

However, expenditure related to treatment that is not reimbursed by the primary scheme may be reimbursed by the JSIS provided it is covered by the Scheme. In such cases, the JSIS effectively acts as the primary insurer.

If, as a result of the freedom to choose the healthcare provider, especially for expenditure on healthcare received abroad, no reimbursement from the primary scheme is possible, the JSIS may also step in to cover treatment which it reimburses, provided the necessary documentation is provided showing that the procedures and rules of the primary scheme have been respected. In such cases the JSIS becomes the primary scheme for the treatment concerned.

Beneficiaries of top-up cover who depend on a national health service may only be reimbursed for expenditure incurred in the private sector for the treatments listed below if they can show that there are obvious failings in the public system (e.g. long waiting lists, or if the treatment is not available):

- hospitalisation and operations,
- treatment and tests in hospitals,
- convalescent and nursing homes,
- home carers,
- thermal cures and convalescence.

Prior authorisation is required.

Other treatment not included in the list above may be reimbursed by the JSIS provided it covers such treatment.

Restrictions on freedom of choice do not apply either to the member or to dependent children with top-up cover.

Addresses of the JSIS Settlements Offices

Brussels Settlements Office European Commission JSIS Brussels – Direct billing B-1049 Brussels Tel : +32-2-29 59856 (9:30 – 12:30) Fax: +32-2-295.97.01 JSIS Contact hotline +32-2-29 97777 (9:30–12:30)	Ispra Settlements Office European Commission JSIS Ispra – Direct billing PMO/06 - TP 730 Via E. Fermi, 2749 I-21027 Ispra Tel : +39-0332-78 99 66 (9:30 – 12:30) Fax: +39-0332-789423 JSIS Contact hotline +39-0332-785757(9:30-12:30)	Luxembourg Settlements Office European Commission JSIS Luxembourg – Direct billing DRB - B1/073 L-2920 Luxembourg Tel : +352-4301 36103 (9:30–12:30) Fax: +352-4301.36019 JSIS Contact hotline +352-4301 36100 (9:30–12:30)
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STAFF Contact – <https://myintracomm.ec.europa.eu/staff/EN/health/Pages/index.aspx>

I am aware of and undertake to comply with the conditions and rules in force :

Date

Signature of applicant

☐ Member¹

☐ Legal representative ¹ :

Name and forename :.....