

INFORMATION FOR INSURANCE POLICY HOLDERS FROM OTHER COUNTRIES

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1. Exercising rights

The Republic of Slovenia offers medical services to visiting foreign nationals with insurance cover on the basis of European legislation on healthcare and health insurance and bilateral agreements on social security. These agreements determine precisely those persons to whom they apply, as well as the extent of entitlement to medical services in the event of temporary or permanent residence in the territory of another signatory state.

In accordance with the agreements in force, insured foreign nationals visiting or residing in the Republic of Slovenia are entitled not only to emergency and urgent treatment, but also to scheduled medical procedures.

2. Rights to urgent medical services that cannot be delayed

Insured foreign nationals from convention signatory states have, on the basis of the document cited in the table below, the right to the following medical services:

- ◆ Emergency medical services,
- ◆ Services for urgent medical treatment.

Only emergency or urgent medical services qualify for treatment free of charge; other services must be paid for as required on a predetermined percentage share basis in a manner similar to insured Slovene nationals.

Country	The document for the identification of a foreign insured person
EU and EEA members and Switzerland	EU-KZZ/HIC (European health insurance card); the certificate replacing the EU-KZZ/HIC - form E111
Croatia	Bilingual form HR/SLO 3
Macedonia	Bilingual form RM/SI 3
Bosnia and Herzegovina	Bilingual form BIH/SI 3

Table 1: Documents to claim urgent services that cannot be delayed

Insurance policy holders from other countries must themselves bear all costs in respect of medical services.

3. Wider ranging rights and the Right to scheduled medical services

In order to exercise rights to a wider range of medical services over and above emergency help and urgent treatment, the insurance holder needs the form '**Potrdilo o pravic do zdravstvenih storitev za tujega zavarovanca in njegove družinske člane**' ('Certificate of the right to medical services for insured foreign nationals and their family members') issued by the competent regional unit of the Health Insurance Institute of Slovenia (HIIS/ZZZS in Slovene), upon presentation by the insured foreign national, of appropriate proof of insurance, as stated in Table 2.

The same procedure applies to the provision of scheduled medical services; these are also to be claimed by presenting the appropriate documents, as stated in Table 2, and the Slovenian service providers are bound to ensure services, in a manner and in accordance with the procedures applying to domestic insurance policy holders, taking into account the waiting times for individual branches of medicine.

The insurance policy holder is to present the **original form** upon being admitted for medical treatment.

Table 2: Documents required for obtaining scheduled medical services

Insurance holders from other countries must themselves cover all costs for medical services provided.

4. Obtaining medical services without insurance documents

If you do not present an appropriate insurance document at your medical examination or at the latest by the end of your hospital treatment, you will **incur all costs for medical treatment**, regardless of the legislation or agreements in force.

5. Commercial travel insurance

Persons taking out policies with one of the commercial insurance providers for the duration of their stay abroad (e.g. Elvia, Assistance Coris, EuroCross, etc.) may

claim medical services to the extent provided for by the policy and in accordance with the general conditions of the chosen insurance company.

In this instance, you should prove your identity with a valid insurance policy issued by your insurance company which serves as the guarantor for reimbursement of costs. If during your hospitalisation we do not obtain this guarantee for the payment of costs from your insurance company, then you will be obliged to settle all costs incurred in Slovenia yourself and thereafter claim

Country	The document for the identification of a foreign insured person
EU and EEA members and Switzerland	Form E112
Croatia	Bilingual form HR/SLO 4
Macedonia	Bilingual form RM/SI 4
Bosnia and Herzegovina	Bilingual form BIH/SI 4, BIH/SI 5

reimbursement of costs directly from the insurance company.

6. Persons from non-signatory states

Persons originating from countries not mentioned in Tables 1 and 2 shall themselves bear liability for payment in respect of all medical services. Costs may be settled in cash at any hospital pay desk..

Payment can also be made using the following credit or debit cards:

- ◆ Eurocard,
- ◆ Visa,
- ◆ American Express,
- ◆ Diners,
- ◆ Maestro.

Card payments of costs can be made during normal working hours at the Polyclinic pay desk or at the Department of Gynaecology; out of hours, at night and on public holidays, card payments are accepted at the Emergency Centre.

- ◆ Every day from 8.00 am to 3 pm you can also use the **post office** in the lobby of the Polyclinic.
- ◆ You will also find an **ATM** in the lobby of the Polyclinic.

7. EIA and FIA credit letters

In the case of foreign nationals injured in car accidents or struck down by sudden illness, accepted means of payment for the services provided (medical treatment and medical transport) also include EIA and FIA credit letters, the payment of which is guaranteed by the Automobile Association of Slovenia (AMZS).