

## Verification of your entitlement to receive free health service treatment in Western Health and Social Care Trust

### WHY HAVE I BEEN GIVEN THIS FORM

The Western Trust has a legal obligation to identify patients who may be required to pay for their treatment and charge them accordingly.

You have been given this form to complete as the Trust has identified that you may be chargeable for your treatment. You should answer all the questions which are applicable to you and supply your supporting documentation, in order to assist the Trust to assess your entitlement. If the Trust can establish your entitlement, you will not be charged.

**NB:** It is your responsibility to provide the correct information and supporting documents. If you do not comply with any reasonable requests by the Trust to supply information or documents, or supply documents which the Trust do not consider to be satisfactory proof of entitlement. The Trust reserves the right to raise charges against you for any treatment provided. Outstanding charges may also be pursued via the debt recovery process and you may also have to pay additional charges relating to legal fees etc. The Trust also send information relating to outstanding debts for Overseas Visitors, to the Home Office, which may affect your immigration status or ability to enter the UK in the future.

### WHO SHOULD COMPLETE THIS FORM

Everyone who receives this form is required to complete it and return it to Western HSC Trust.

- ◆ If you are under 16 years old you should ask your parent or guardian to complete and sign the form on your behalf.
- ◆ If you are assisting the patient to complete this form, please ensure you complete this form using the patient's details and if you are signing on their behalf, you must provide your full name, address and your relationship to the patient in Section 5.

**If you require this document in an alternative format such as large print, braille or in a minority language (to meet the needs of those not fluent in English) please contact the Trust Paying Patient Officer by phone on 028 7134 5171/ 028 66382303 Ext: 214960/255507 or by email: [Access.Healthcare@westerntrust.hscni.net](mailto:Access.Healthcare@westerntrust.hscni.net)**

**PLEASE COMPLETE THE RELEVANT SECTION OF THIS FORM**

**I am a permanent resident of:**

- Northern Ireland
- England
- Scotland
- Wales

- Complete questions in Section 1 and Section 3
- Sign Declaration in Section 5
- Enclose copies of two items of Supporting Documentation from the supporting document Booklet

**I am a visitor to Northern Ireland**

- Complete questions in Section 1 and Section 2
- Sign Declaration in Section 5
- Enclose copy of current passport and documentation which demonstrates your circumstances as selected in Section 2

**I hold a Biometric Residence Card (BRP)**

- Complete questions in Section 1 and Section 2
- Sign Declaration in Section 5
- Enclose copy of current passport and documentation which demonstrates your circumstances as selected in Section 2

**I am an NI student studying in another part of the UK**

- Complete questions in Section 1 and Section 3
- Sign Declaration in Section 5
- Enclose details from your University which confirms that you are currently undertaking a course of study

**I am a Frontier Worker in Northern Ireland**

- Complete questions in Section 1 and Section 4
- Sign Declaration in Section 5
- Enclose:
  - Frontier Worker Permit (Non British/Irish Nationals Only)
  - AND**
  - My most recent Payslip OR
  - Confirmation from HMRC that I have made a declaration, which include my UTR Number

**I am required to pay for my healthcare treatment**

- Complete questions in Section 1
- Complete and sign Section 6

## PROVIDING SUPPORTING DOCUMENTATION

You are required to provide supporting documentation along with your completed questionnaire.

### **If you are a resident in the United Kingdom**

You must provide supporting documentation as outlined in the Supporting Document Booklet

### **If you are a visitor to Northern Ireland**

You must provide supporting documentation as outlined in Section 2. Some countries, listed below, have an agreement with the UK which makes provision for some free healthcare for visitors. \*This list is correct at the time of printing. If you wish to benefit under an agreement you are required to provide your passport and proof of citizenship or residence. For further information on Reciprocal Healthcare Agreements use the QR Code below or visit:

[www.gov.uk/guidance/uk-reciprocal-healthcare-agreements-with-non-eu-countries](http://www.gov.uk/guidance/uk-reciprocal-healthcare-agreements-with-non-eu-countries)

- Anguilla
- Australia
- Bosnia and Herzegovina
- British Virgin Islands
- Falkland Islands
- Faroe Islands
- Gibraltar
- Isle of Man
- Israel
- Jersey
- Kosovo
- North Macedonia
- Montenegro
- Montserrat
- New Zealand
- St. Helena
- Serbia
- Turks and Caicos Islands



If you are from an EEA country you will be entitled to free immediately necessary treatment on production of your valid European Health Insurance Card or PCR

### **If you are a Frontier Worker**

You must provide supporting documentation as outlined on in Section 4 on page 10.

**Please tick the relevant boxes to indicate which supporting documentation you have provided.**

## WHAT HAPPENS NEXT?

### **Claiming Free Treatment:**

Return your completed form along with your supporting documents in the envelope provided. The Trust will assess your claim to free treatment and advise you of the outcome by letter.

### **Paying for your Treatment:**

Return your completed form, (**Sections 1 and 6 only**) in the envelope provided. The Trust will send you an estimate of charges for your treatment, along with information on how to pay.

## HOW WE USE YOUR INFORMATION

The Trust is a Data Controller under the Data Protections Act 2018. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment of patient charges. We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to:

- *Check the accuracy of the information you have provided on your claim*
- *Prevent or detect crime*
- *Protect public funds*

## FURTHER INFORMATION

If you require assistance or have any queries please contact: The Trust Paying Patient Officer by phone on: 028 7134 5171//028 66382303 Ext: 214960/255507 or by email: [Access.Healthcare@westerntrust.hscni.net](mailto:Access.Healthcare@westerntrust.hscni.net)

**Please note, if you have a disability and require special arrangements to be made for any communication with the Trust please contact: The Trust Paying Patient Officer by phone on: 028 7134 5171/ 028 66382303Ext: 214960/255507or by email:**

**[Access.Healthcare@westerntrust.hscni.net](mailto:Access.Healthcare@westerntrust.hscni.net)**

## NOTES

Please enter any additional relevant information in the box below.

# Verification of your entitlement to receive free health service treatment in Western Health and Social Care Trust

Please be aware you are required to provide documentation to support the information you provide on this form in order for your application to be processed.

Please note you will be deemed to be chargeable until the Trust is in receipt of all necessary documents and has assessed your claim.

## SECTION 1 :

### TO BE COMPLETED BY ALL PATIENTS

#### 1.1 Title

Mr  Mrs  Miss  Ms

Other

#### 1.2 Surname

#### 1.3 Previous Surname

#### 1.4 Forename(s) (in full)

#### 1.5 Date of Birth

#### 1.6 Gender

Male  
 Female  
 Prefer not to say

#### 1.7 Nationality

Please state all Nationalities held

#### 1.8 Current address in Northern Ireland

House name/number and street

City/Town

Postcode

Is this your permanent place of residency?

Yes  No

If yes, please provide date that you took up residency

If no, please provide the address, where you reside

House name/number and street

City/Town

Postcode

Is this the only address you hold?

Yes  No

If no, please provide all other addresses (inside and outside NI) below

#### 1.9 Daytime phone number

#### 1.10 Mobile phone number

(Include country code)

#### 1.11 Email Address

#### 1.12 Do you give the Trust permission to contact you by telephone / email?

Yes  
 No

#### 1.13 Date you arrived in Northern Ireland?

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## SECTION 1 CONTINUED : TO BE COMPLETED BY ALL PATIENTS

**1.14 Do you intend to leave Northern Ireland?**

Yes **Please state the date you intend to leave**

No

**1.15 What is your reason for being in Northern Ireland?**

Permanent Resident/taking up permanent residency (you must provide satisfactory proof to the Trust that you have indefinite leave to remain in the UK)

**OR**

Staying in NI to

- To work
- To Study
- A holiday or to visit friends or relatives
- To seek asylum
- To join a family member
- Other

**1.16 Are you currently Registered with a GP in Northern Ireland, England, Scotland, Wales or RoI?**

No If you have you ever been Registered with a GP in Northern Ireland, England, Scotland, Wales or RoI please provide the details below. Please also complete questions 2.2 and 2.3

Yes Provide details below

Name of Doctor

Address

Postcode

**1.17 Date your registration ended, if applicable**

**1.18 Reason your registration ended, if applicable**

**1.19 Date you Registered with this GP**

**1.20 Did you receive a medical card ?**

Yes

No

**1.21 Do you now or have you ever had any of the following**

Complete all which are applicable

NHS Number:

Yes

HCN Number:

Yes

CHI Number:

Yes

**SECTION 1 CONTINUED :**  
**TO BE COMPLETED BY ALL PATIENTS**

**1.22 Is your GP aware of and approved your treatment in Northern Ireland (This includes Maternity Care)**

Yes

No Please explain below why your GP has not approved your treatment in NI?

NB: If your GP does not approve your care in NI, you may be charged, unless you can show that you have entitlement in Northern Ireland. This applies to all visitors, including those from other parts of the UK and Ireland and relates to any non urgent or planned treatment including maternity care, which is not considered an emergency by the Trust clinical staff.

**1.23 If you are seeking maternity care, have you provided your medical notes and fit to fly letter, if applicable.**

In order for the Trust to provide safe care it is critical that advance notice is given to the Trust for the purpose of making plans for meeting needs for the specific care and support that is required.

**Please state the documentation that you are providing below:**

**Frequently Asked Questions**

Please refer to our FAQ's using the Link or QR Code below

<https://westerntrust.hscni.net/download/125/private-services/12950/whsct-frequently-asked-questions.docx>



**SECTION 2:**

**TO BE COMPLETED BY VISITORS ONLY**

**2.1 If Northern Ireland is not your permanent place of residency or you have not been granted Indefinite leave to remain in the UK you are considered to be a visitor.**

**Please tick ALL that apply:**

I hold a valid Biometric Residence Card  
Provide Card or Share Code

Share Code

Note: You must have applied for your Share Code for Health Care purposes. If the Trust are unable to view your Status we will ask you for further confirmation of your Leave issued by the Home Office.

I hold a valid EHIC (EU Students studying in the UK who have re-claimed their immigration health surcharge should also tick this box)

I hold an S2 Certificate

I hold an Asylum Registration Card

I have Private medical insurance  
*Please Complete Section 6*

I am a student studying at University in Northern Ireland

**Please provide details.**

Name of university / college / school

Telephone number

Date course started

Date course ends

I live in England, Scotland or Wales

I live in the Republic of Ireland and travel to Northern Ireland to work.

I hold none of the above and wish to:

**Benefit under a Reciprocal Health Agreement**

A list of the Reciprocal Health Agreements can be found on Page 3 of this form.

Please state which country's reciprocal agreement you wish to benefit under

**OR**

**I wish to benefit under a visitor exemption, in accordance with the Health and Personal Social Services Provision of Health Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015**

A list of the exemptions can be found at the back of this form, or by using the using link or QR Code below

**NB:** if you are subject to Immigration Control and have not paid the immigration health surcharge, you must provide satisfactory proof of an exemption and proof that you are lawfully in the UK.

<https://westerntrust.hscni.net/download/125/private-services/12951/2015-pnor-regs.pdf>



Please state which exemption you wish to benefit under

**NB: If you are subject to Immigration Control, you can only benefit under an exemption during the period you are lawfully in the UK.**

I hold another Grant of Leave. Please state below:

None of the above apply and I have the following:



## SECTION 3:

### Residents of Northern Ireland or those taking up residency

#### 3.1 Do you intend to reside permanently in Northern Ireland?

- Yes  
 No **If No, complete Section 3**

#### 3.2 Date you took up residency in NI

#### 3.3 How much time have you spent outside Northern Ireland within the last 12 months?

- None  
 Less than 3 months  
 Over 3 months

#### 3.4 I live in Northern Ireland and

**Please tick ALL that apply:**

- I am employed in Northern Ireland
- I am Self Employed in Northern Ireland
- I am employed in another part of the UK, which requires me to travel
- I am Self Employed in another part of the UK, which requires me to travel
- I am employed overseas (outside the UK including RoI) and I am registered in the UK as a resident with HMRC for my foreign income
- I am Self Employed overseas (outside the UK including RoI) and I am registered in the UK as a resident with HMRC for my foreign income
- I am in receipt of UK state benefits
- I am in receipt of state benefits paid by an EU Member State
- I am in receipt of a UK state pension and/or private pension
- I am in receipt of a state pension paid by an EU Member State
- I am in receipt of an overseas private pension

- I hold an S1 certificate issued by (name Country of Issue)

You must provide your certificate, unless you have already registered your certificate in the UK. The Trust will check with the Business Services Authority to verify this.

- I am a resident of Northern Ireland and studying at University in Northern Ireland, England, Scotland or Wales. Please provide your valid student card.

#### **Please provide details**

Name of university / college / school

Telephone number

Date course started

Date course ends

- I am financially dependent on a family member.

#### **Please select below:**

- Parent  
 Spouse  
 Civil Partner
- None of the above apply.**

Please state your circumstances below

## Section 4: Frontier Worker or Retired Frontier Worker

### Frontier Worker

I am a Frontier worker who resides in the Republic of Ireland undertakes my employment / self employment in Northern Ireland.

I am providing

Frontier Worker Permit (Non British/Irish Nationals Only) AND

My most recent Payslip OR

Confirmation from HMRC that I have made a declaration, which include my UTR Number

You must be part of the UK Social Security System. If you do not have sufficient earnings to pay National Insurance or pay Tax, you will need to demonstrate this by supplying documentation from HMRC for example your exemption certificate for National Insurance contributions.

### Retired Frontier Worker

I am registered with a GP in Northern Ireland as a Retired Frontier Worker

## SECTION 5 : CLAIMING FOR FREE TREATMENT

If you are claiming for free treatment please read and sign the declaration below.

### Declaration

In order to apply to access publicly funded health care in Northern Ireland, you must read and sign the declaration below.

I confirm that the documents I have provided are valid and the information I have provided on this form is correct and complete to the best of my knowledge. I understand that if it is not, appropriate action may be taken against me, including charges being raised against me.

Please also be aware that in some instances, where fraud is suspected, the Trust may refer the case to the Police Service of Northern Ireland (PSNI) for investigation.

I understand that by applying for access to free health care in in Northern Ireland, I am consenting to the sharing of my information to and by the Western Trust with other HSC organisations and government bodies such as the Social Security Agency, HM Revenue and Customs and the Home Office to enable the Western Trust to verify my entitlement to access publicly funded health and social care from the Western Trust and for the purposes of the prevention, detection and investigation of crime .

**I understand that by not providing consent for the sharing of my information and providing relevant supporting documentation, I will be deemed to be chargeable and required to pay the Trust for any treatment I receive.**

Signature:

Date:

Print name:

I am signing this application on behalf of the person named in Section 1.

I have provided my details in Section 2 or Section 3 and signed the form as the parent/ guardian of the person named in Section 1.

Signature:

Print name:

Relationship to the patient:

Address:

## SECTION 6 : PAYING FOR YOUR TREATMENT

If you wish to pay for the treatment you receive please read and sign the declaration below.

- I am paying directly for my Treatment *OR*  
 My Treatment is covered by my Health Insurance

Provider

Policy Number

Address of Provider

Authorisation Number

Contact Telephone Number

Contact email address

### Declaration

I understand that I am not entitled to free health or social care and I wish to pay for the treatment or services I receive .

Signature:

Date:

Print Name:

*The Trust Paying Patient Officer will contact you in due course to discuss payment details.*

## SUPPORTING DOCUMENTATION TO BE PROVIDED

You are required to provide supporting documentation along with your completed application form to confirm your entitlement. Please do not send original documents.

Please refer to the enclosed Patient Guide to Entitlement and Lawfulness document and provide the required Supporting Documentation along with your completed questionnaire

This documentation can also be viewed using the Link below or QR Code

<https://westerntrust.hscni.net/download/125/private-services/12979/whsct-patient-document-guide-lawfulness-050523-v2.pdf>



Please state documentation you are providing

## CHECKLIST

### I am a permanent resident in the UK

- Completed questions in Section 1 and Section 3
- Signed declaration in Section 5
- Enclosed copies of two items of Supporting Documentation from the supporting document Booklet

### I am a visitor to Northern Ireland

- Completed questions in Section 1 and Section 2
- Signed declaration in Section 5
- Enclosed copy of current passport and documentation which demonstrates your circumstances as selected in Section 2

### I hold a Biometric Residence Card (BRP)

- Completed questions in Section 1 and Section 2
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- Completed questions in Section 1 and Section 3
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- Enclosed details from your University which confirms that you are currently undertaking a course of study

### I am a Frontier Worker in Northern Ireland

- Completed questions in Section 1 and Section 4
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- Enclosed:
- Frontier Worker Permit (Non British/Irish Nationals Only)
- AND**
- My most recent Payslip OR
- Confirmation from HMRC that I have made a declaration, which include my UTR Number

### I am required to pay for my healthcare treatment

- Completed questions in Section 1
- Signed Section 6

## WHAT YOU MUST NOW DO

Return your completed form in the envelope provided along with all relevant supporting documentation.

If you require this document in an alternative format such as large print, braille or in a minority language (to meet the needs of those not fluent in English) please contact the Trust Paying Patient Officer by phone on 028 7134 5171/028 66382303 Ext: 214960/255507 or by email: [Access.Healthcare@westerntrust.hscni.net](mailto:Access.Healthcare@westerntrust.hscni.net)