

Compensation claim for patient injury

Please complete the form and return only after the Patient Insurance Centre has accepted your claim.

Injury information

Patient Insurance Centre's claim reference number _____

Injured party, contact information

Last name and first name

Personal identity code

Municipality of residence on the date of the injury

Postal address

Postcode, town and country

Telephone number

Email

Bank account number for payment (IBAN-form, 18 digits)

Account holder

Contact details of the person handling the case

If the party claiming compensation is underaged or an adult legally incapacitated person, the form must be filled and undersigned by the claimant's legal guardian.

An adult claimant can authorise another party to handle the claims process on their behalf. In this case, the party claiming compensation must fill in and undersign the Authorisation section at the end of this form.

If the patient has deceased, the parties to the estate can authorise one person to attend to the patient injury case and to receive the compensation. Please use the dedicated form for claiming compensation for funeral costs and survivor's pension. The form can be found on the Patient Insurance Centre's website.

Last name

First name

Postal address

Postcode, town and country

Telephone number

Email

Other insurance institutions or parties paying compensation

Please provide information on the insurance institutions and other parties from which you have received or applied for compensation for this patient injury. If you have received or applied for compensation on the medical condition or injury in relation to the treatment of which the patient injury occurred, include this information as well.

Motor liability insurance	Insurance company:
Sickness fund	Name of sickness fund:
Liability insurance	Insurance company:
Voluntary health or accident insurance	Insurance company:
Occupational accident insurance or self-employed persons' accident insurance	Insurance company:
Other party (e.g. Kela or municipality granted social assistance)	Name:

Insurance institution's reference number

No compensation has been applied from or granted by other parties.

Medical expenses

Fill in the medical expenses arising from the patient injury. Itemise the expenses by treatment periods or visits. The costs arising from patient injuries occurring in public healthcare are compensated according to the compensation level of public healthcare.

If you have received reimbursement from Kela for the costs of private sector, please, inform the amount you have paid after the reimbursement.

Dental care expenses: Attach an invoice to this form that itemises your treatment costs.

Other health care expenses: Do not attach any invoices or receipts to this form but keep them available for one year in case they need to be reviewed.

Medical expenses 1

Treatment period or appointment date	Place of treatment and location
Reason for treatment (e.g. surgery, visit to a clinic, doctor's appointment, hospital treatment, day surgery, rehabilitation)	
Name of private physician providing care	
Have you received reimbursement from Kela for the costs? Yes No	Amount of co-payment after the reimbursement from Kela

Medical expenses 2

Treatment period or appointment date	Place of treatment and location
Reason for treatment (e.g. surgery, visit to a clinic, doctor's appointment, hospital treatment, day surgery, rehabilitation)	
Name of private physician providing care	
Have you received reimbursement from Kela for the costs? Yes No	Amount of co-payment after the reimbursement from Kela

Medical expenses 3

Treatment period or appointment date	Place of treatment and location
Reason for treatment (e.g. surgery, visit to a clinic, doctor's appointment, hospital treatment, day surgery, rehabilitation)	
Name of private physician providing care	
Have you received reimbursement from Kela for the costs? Yes No	Amount of co-payment after the reimbursement from Kela

Medical expenses 4

Treatment period or appointment date	Place of treatment and location
Reason for treatment (e.g. surgery, visit to a clinic, doctor's appointment, hospital treatment, day surgery, rehabilitation)	
Name of private physician providing care	
Have you received reimbursement from Kela for the costs? Yes No	Amount of co-payment after the reimbursement from Kela

Medical expenses 5

Treatment period or appointment date	Place of treatment and location
Reason for treatment (e.g. surgery, visit to a clinic, doctor's appointment, hospital treatment, day surgery, rehabilitation)	
Name of private physician providing care	
Have you received reimbursement from Kela for the costs? Yes No	Amount of co-payment after the reimbursement from Kela

Medical expenses 6

Treatment period or appointment date	Place of treatment and location
Reason for treatment (e.g. surgery, visit to a clinic, doctor's appointment, hospital treatment, day surgery, rehabilitation)	
Name of private physician providing care	
Have you received reimbursement from Kela for the costs? Yes No	Amount of co-payment after the reimbursement from Kela

Medical expenses 7

Treatment period or appointment date	Place of treatment and location
Reason for treatment (e.g. surgery, visit to a clinic, doctor's appointment, hospital treatment, day surgery, rehabilitation)	
Name of private physician providing care	
Have you received reimbursement from Kela for the costs? Yes No	Amount of co-payment after the reimbursement from Kela

Treatment related travel expenses

Itemise the travel expenses incurred from the treatment. If you have received reimbursements for the travel expenses from Kela, specify the amount you paid as co-payment. You do not need to attach invoices or receipts to this form. However, keep them available for one year from the date of this claim in case they need to be reviewed.

Patient insurance covers necessary travel expenses related to treatment required to the patient injury. Travel expenses are compensated from home to the nearest place of treatment. In most cases, travel expenses are compensated according to the cost level of public transportation or to the cost of using a private car. For the use of a private car, EUR 0.33 per kilometer will be compensated.

The costs incurred from using a taxi will be reimbursed if the use of the taxi is necessary due to health conditions or insufficient traffic conditions and a statement from the health care provider or other sufficient statement about the traffic conditions has been presented for the need to use the taxi. Patient insurance does not provide a commitment to pay for the use of a taxi. Compensations paid under other legislation are deducted from the amount of the compensation. Trips to pharmacies are not compensated since these visits can usually be handled in connection to other everyday errands.

Treatment related travel expenses 1

Travel date	Length of trip (km) if private car was used		
Choose one vehicle, if several vehicles were used, specify the dates of travel to and from the treatment on separate rows.			
Private car	Taxi	Public transportation	Ambulance
From where to which place of treatment?			
Have you received reimbursement from Kela for the travel expenses?	Amount of co-payment after the reimbursement from Kela.		
Yes	No		

Treatment related travel expenses 2

Travel date	Length of trip (km) if private car was used		
Choose one vehicle, if several vehicles were used, specify the dates of travel to and from the treatment on separate rows.			
Private car	Taxi	Public transportation	Ambulance
From where to which place of treatment?			
Have you received reimbursement from Kela for the travel expenses?	Amount of co-payment after the reimbursement from Kela.		
Yes	No		

Treatment related travel expenses 3

Travel date	Length of trip (km) if private car was used		
Choose one vehicle, if several vehicles were used, specify the dates of travel to and from the treatment on separate rows.			
Private car	Taxi	Public transportation	Ambulance
From where to which place of treatment?			
Have you received reimbursement from Kela for the travel expenses?	Amount of co-payment after the reimbursement from Kela.		
Yes No			

Treatment related travel expenses 4

Travel date	Length of trip (km) if private car was used		
Choose one vehicle, if several vehicles were used, specify the dates of travel to and from the treatment on separate rows.			
Private car	Taxi	Public transportation	Ambulance
From where to which place of treatment?			
Have you received reimbursement from Kela for the travel expenses?	Amount of co-payment after the reimbursement from Kela.		
Yes No			

Treatment related travel expenses 5

Travel date	Length of trip (km) if private car was used		
Choose one vehicle, if several vehicles were used, specify the dates of travel to and from the treatment on separate rows.			
Private car	Taxi	Public transportation	Ambulance
From where to which place of treatment?			
Have you received reimbursement from Kela for the travel expenses?	Amount of co-payment after the reimbursement from Kela.		
Yes No			

Treatment related travel expenses 6

Travel date	Length of trip (km) if private car was used		
Choose one vehicle, if several vehicles were used, specify the dates of travel to and from the treatment on separate rows.			
Private car	Taxi	Public transportation	Ambulance
From where to which place of treatment?			
Have you received reimbursement from Kela for the travel expenses?		Amount of co-payment after the reimbursement from Kela.	
Yes	No		

Treatment related travel expenses 7

Travel date	Length of trip (km) if private car was used		
Choose one vehicle, if several vehicles were used, specify the dates of travel to and from the treatment on separate rows.			
Private car	Taxi	Public transportation	Ambulance
From where to which place of treatment?			
Have you received reimbursement from Kela for the travel expenses?		Amount of co-payment after the reimbursement from Kela.	
Yes	No		

Treatment related travel expenses 8

Travel date	Length of trip (km) if private car was used		
Choose one vehicle, if several vehicles were used, specify the dates of travel to and from the treatment on separate rows.			
Private car	Taxi	Public transportation	Ambulance
From where to which place of treatment?			
Have you received reimbursement from Kela for the travel expenses?		Amount of co-payment after the reimbursement from Kela.	
Yes	No		

Costs of medication

Specify the costs of medicines and wound care supplies required due to the patient injury. You do not need to append prescriptions, invoices or receipts to this form. However, keep them available for one year from the date of this claim in case they need to be reviewed.

Costs of medication 1

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 2

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 3

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 4

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 5

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 6

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 7

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 8

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 9

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 10

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 11

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 12

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Costs of medication 13

Medicine purchase date	Name of medicine
Kela reimbursement received from the purchase Yes No	Amount of co-payment after the reimbursement from Kela

Assistive equipment and clothing allowance

Fill in this section if you require assistive equipment after the patient injury. A supplementary compensation can be paid for clothing becoming worn or dirty due to assistive equipment. The compensation is not paid for the duration of hospital treatment. If you must purchase new assistive equipment or fix old ones, please contact your municipality's assistive equipment services.

Did you require assistive equipment before the patient injury? Yes No

Type of equipment?

Assistive equipment in use after the patient injury

Underarm or forearm crutch(es)	Wheelchair	Full leg brace
Lower limb prosthetic	Diapers	Lumbar support brace
Upper limb prosthetic	Catheter	PEG button on stomach
Peroneal brace, lower limb brace	Wrist brace	Stoma
Knee brace		

Other, please specify: _____

The need for the assistive equipment

is on-going is permanent or long-term has ended

Please specify the period during which you required assistive equipment in the format dd.mm.yyyy

Need of assistance and care allowance

Fill in this section if you need assistance due to the patient injury. Care allowance can be granted as compensation for required assistance which will help cover the costs of the assistance. Care allowance is not paid for the duration of hospital treatment or treatment provided in another institution. Attach invoices for the assistance services to this form.

Did you require assistance before the patient injury? Yes No

Type of assistance:

Kela's care/disability allowance for pensioners

I have applied for the care/disability allowance for pensioners from Kela.

I have not applied for the care/disability allowance for pensioners from Kela.

Assistance

After the patient injury, I require assistance with the following:

Eating	Personal hygiene	Taking medication
Laundry	Moving	Cooking
Putting on clothes	Cleaning	Daily errands (going to stores, the bank etc.)

Other, please specify : _____

Assistance provider

Family member or friend Home care service Home healthcare service family caregiver

other, please specify: _____

The need for the assistance

is on-going has ended is permanent or long-term

Please specify the period during which you required assistance in the format dd.mm.yyyy

Support services from municipality of residence

My municipality of residence provides me with the following support services:

Transport service	Personal assistant
Day activities	Assisted living / Housing services

Other costs

Itemise all other costs arising from the patient injury. Attach invoices or receipts to this form.

Cost 1

Date of cost	Cost
Type of cost and basis for compensation	

Cost 2

Date of cost	Cost
Type of cost and basis for compensation	

Cost 3

Date of cost	Cost
Type of cost and basis for compensation	

Incapacity to work and loss of income

Are you claiming compensation for a loss of income? Yes No

If yes, fill in the form titled "Incapacity to work and loss of income". The form is available on the Patient Insurance Centre's website.

Additional information

If necessary, provide all other information required for processing your claim.

Signature

The party claiming compensation must undersign this form. Otherwise the claim will not be processed.

With my signature, I affirm that all the information I have provided with this form and its appendices are correct and that I have not applied for or received any other compensation for the costs and losses I have claimed compensation for with this form other than the ones specified on this form and its appendices.

The Patient Insurance Centre has the right, without being prevented by provisions on personal data security, to obtain information that is necessary for handling a claim from insurance and pension institutions, authorities and other parties subject to the Act on the Openness of Government Activities (621/1999), employers, healthcare providers, parties performing rehabilitation, and parties providing social welfare services (Patient Insurance Act section 54). The Centre also has the right to obtain information on wages, salaries and benefits from the Incomes Register for the determination of the grounds for compensation and the scope of the liability to compensate (Act on the Incomes Information System, chapter 5, section 13).

By signing this document, I agree that doctors and other healthcare professionals, healthcare units, pharmacies and parties providing rehabilitation and other healthcare units, as well as providers of social welfare services and treatment institutions may provide the Patient Insurance Centre with claimant's documents and other material related to examination or treatment as well as information regarding the patient's state of health, working capacity and rehabilitation without being prevented by non-disclosure provisions, where such documents, material or information are related to the claimant's state of health and are necessary for the assessment of an injury case or the claims handling thereof.

I also agree that the tax authorities, the employers of the injured person, the pension and insurance institutions, the Finnish Centre for Pensions, Kela and other authorities may, without being prevented by non-disclosure provisions, give the Patient Insurance Centre the information, documents and decisions regarding the compensation and salary received by the claimant, which are necessary to resolve the compensation case.

Date

Signature of the claimant and name in block capitals

Authorization

Fill in this section to provide authorisation if an adult applicant is not handling the claim process themselves. The authorisation provided in the Notice of Injury is not applicable to the claims handling process. The contact details for the authorised person are provided on page 1 of this form in the section "Contact details of the person handling the case". Costs arising from commissioning a representative are not compensable under patient insurance.

I authorize

to handle the process for claiming compensation for the patient injury I have suffered.

Date

Signature of the claimant and name in block capitals

Annex _____ pages

More information on the form

Fill in and submit this compensation claim form only after the Patient Insurance Centre has issued a positive claims decision on your case. Please use the dedicated form for claiming compensation for patient injuries resulting in death.

Compensation under patient insurance can only be paid for additional and required expenses resulting from the patient injury. Costs and losses that would have in any case arisen from the medical condition or injury originally being treated are not compensable.

The amounts of compensations paid under other legislation will be deducted from the amount paid as compensation for a patient injury and the losses arising from the same injury will not be compensated several times. For this reason, this form requests you to provide information on the other compensation you have received from other parties.

Unpaid invoices should not be submitted to the Patient Insurance Centre unless it has given a payment commitment for the invoice.

Payable compensation

Patient injuries are compensated in accordance with the provisions of chapter 5, sections 2, 2a–2d, 3, 4, 7 and 8; chapter 6, section 1; and chapter 7, section 3 of the Tort Liability Act. Compensation is paid for necessary medical costs and other required costs, loss of income, acute pain and suffering, and other temporary incapacity and permanent incapacity. The amount of the compensation is determined in accordance with the general compensation levels, the established practices and guidelines of Traffic Accident and Patient Injury Board and its compensation practices.

More information on compensations can be found on the Patient Insurance Centre's website <https://www.pvk.fi/en/claimant/compensations/>

Acute pain and suffering (temporary incapacity) and permanent incapacity

Acute pain and suffering and other inconvenience suffered by the injured person will be compensated for as temporary incapacity. Compensation for temporary incapacity is paid from the time the patient injury first materialised until the injury is healed or it can be established that the injury will have permanent consequences. The amount of compensation is determined by the type of the injury and its degree of severity, the additional procedures required and quantity, and the duration of the incapacity. The amount of compensation is determined based on medical records.

Compensation for a permanent functional incapacity is paid to compensate for the permanent reduction of the injured party's functional capacity. A permanent incapacity is determined and compensation paid when the person's condition can be found permanent. Permanent incapacity is medically estimated based on available medical reports or statements from healthcare professionals, and the extent of the incapacity is determined on the basis of the severity classification specified in Decree (768/2015) on occupational accidents and diseases. The amount of the compensation is determined in accordance with the established practices and guidelines of Traffic Accident and Patient Injury Board. The compensation is usually a lump sum compensation.

Permanent impairment to a person's appearance is compensated as a lump sum compensation for permanent cosmetic incapacity. The amount of the compensation is determined in accordance with the established practices and guidelines of Traffic Accident and Patient Injury Board after the situation has stabilised, i.e. scars are fully healed, for example.

The compensation for cosmetic incapacity is tied to the injured party's age. Based on a special statement, the amount of the compensation can be increased if the permanent incapacity results in a significant decrease in the quality of life of the injured party.

You do not need to file a claim or prepare a statement for the determination of acute pain and suffering or other temporary incapacity or permanent incapacity. We will assess the amount of compensation based on medical records and information available in other documents. If necessary, we will ask you to submit a physician's statement, photographs or other documents.

Compensation claim for patient injury

Patient Insurance centre, P.O. Box 1, 00084 Vakuutuskeskus, phone 040 450 4590, www.pvk.fi/en