

Health Care Services Available During Temporary Stay in Hungary

Dear Visitor,

You can find below information how to seek health insurance services during your temporary stay in Hungary.

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Due to a new legislation most of the previously applied co-payment rules have been abolished as of 01/04/2008.

Residents of EEA (European Economic Area) countries and Switzerland



Residents of the European Union, Iceland, Norway, Liechtenstein and Switzerland, who are entitled to health care of the national health service or mandatory health insurance scheme of their respective countries of residence, can receive in Hungary the health care

- which becomes necessary
- on medical grounds
- during temporary stay in Hungary
- taking into account the *nature* of the benefits required and the *expected* length of stay.

The treatment, which becomes medically necessary during the patient's temporary stay in Hungary is **free of charge**.

In case of doubt the health care provider decides whether the needed treatment is medically necessary during the expected duration of the stay in Hungary. However, by virtue of decisions of the European Commission (n° 2004/481/EC and 2004/482/EC), all treatments are deemed necessary in case of

- dialysis,
- oxygen therapy and
- pregnancy and childbirth.

Entitlement certificates



For getting the treatment in the same conditions as Hungarian insured persons, a **European Health Insurance Card (EHIC) or the Provisional Replacement Certificate (PRC) must be submitted to the health care provider**.

How to use the European Health Insurance Card in Hungary

Documentation required

You need both the European Health Insurance Card and your passport or ID card.

Doctors

You can only obtain treatment from surgeries, which have a sign saying they are contracted with the National Health Insurance Fund. The inscription is generally as follows:

"a társadalombiztosítás egészségügyi szolgáltatásaira szerződött szolgáltató".

If you need necessary medical treatment, it is advised to see a general practitioner (GP – "házi orvos") first. The GP decides whether further specialised out- or inpatient treatment is necessary and will issue a referral.

The specialised outpatient care, typically available at outpatient centres ("szakrendelő"), is rendered generally upon referral.

However, you may seek outpatient care without referral if the treatment relates to dermatology, gynaecology, urology, otolaryngology, ophthalmology, oncology or general surgery.

Dentists

Following dental treatments are available at dentists contracted with the National Health Insurance Fund (OEP) in case of necessity:

- emergency care
- on the basis of specialist's referral, and treatment related to any basic dental or oral diseases
- tooth preserving treatments
- dental surgery treatment
- gums diseases.

It is to note that the costs of materials are generally to be borne by the patients.

Drugs

Where a doctor or dentist issues a prescription, it should be taken to the pharmacy, where the EHC shall be submitted as well. Subsidies on medicines can vary according to disease and type of product. The subsidy is provided directly to the pharmacy, so the amount you will have to pay at the purchase of the prescribed medicine is a "co-payment" and therefore it is not refundable.

Hospital Treatment

Hospital treatment is normally provided through a referral from a GP. *In urgent cases no referral is necessary.*

A **co-payment of 30 per cent** but **maximum HUF 100 000** is due

- when obtaining hospital treatment without a referral from a primary health care provider,
- when using a health care provider other than the one specified in the referral by the prescribing doctor or
- if you chose to be treated by a doctor who is not on duty at the time of the treatment.

For extra services (better room, meal etc.) additional charges are applied by hospitals.

Refunds

Private charges for seeing a doctor or dentist and co-payment for hospital services and pharmaceuticals are not refundable.

(It is to note that most dentists advertising themselves are not contracted for the services of the Hungarian health insurance; if dentists are contracted to health insurance services, they only provide emergency dental treatment and eventually tooth filling).

If you are treated privately in a hospital, none of the charges are refundable.

EHIC in General

The European Health Insurance Card is required for each episode of treatment. It must be submitted to the physician treating you, or at the patient's registration desk in hospitals or outpatient medical centres.

Lack of EHIC

If the insured person cannot produce an EHIC while seeking necessary health care in Hungary, the health care provider can accept a retroactively issued PRC as well. The PRC must be submitted by the patient or forwarded via fax at latest within 15 days following the treatment. If a PRC cannot be produced either in due time, the health care provider charges a fee for the treatment and issues an invoice. A refund of the invoiced amount is not possible in Hungary; however, the patient can apply for a reimbursement according to Hungarian tariffs from his/her competent health insurance institution after returning home.

Planned Treatment

If the EEA or Swiss resident wishes to receive a planned medical treatment in Hungary at the expenses of his/her competent health insurance institution, or enters Hungary with the purpose of getting health care, a prior authorisation is required. The competent institution certifies its consent on a form **E 112**. This form has to be submitted to the health care provider in order to get the treatment with the same conditions as Hungarian insured persons. An EHIC is not acceptable in such circumstances.



Persons insured in Croatia, as well as their dependant family members are entitled to **urgent health care** services during their stay in Hungary under the same conditions as Hungarian insured persons. The immediately necessary treatments can be sought by submitting a **HR/HU 111** certificate. This form is issued on request by the competent regional office (*područni ured*) of the Croatian Health Insurance Institution (HZZO).

Bilateral Agreements on Social Policy and/or Health Care

The citizens of the following States can receive health care in immediately necessary cases. The document certifying the entitlement is the **PASSPORT** only.

- Angola
- Cuba
- Iraq
- Jordan
- Kosovo
- Kuwait
- Macedonia (Former Yugoslav Republic of)
- Mongolia
- North Korea (Peoples' Democratic Republic of Korea)
- Serbia
- Montenegro
- Russia
- Ukraine
- Other States of the Commonwealth of Independent States (Содружества Независимых Государств)

Third Countries

Citizens and/or residents of countries, which are not part of the European Economic Area and which don't have bilateral agreements with Hungary on the provision of health care, have to pay full price for the health care services rendered in Hungary. According to the Hungarian legislation, the health care provider can set the fee basically freely; therefore the Hungarian National Health Insurance has no influence on the amount of fee charged. However, in order to avoid discrimination, it is important that the health care provider applies consequently the same fee for same service. For this purpose, most health care providers have established price lists that can be consulted before the treatment.