

COMPENSATION CLAIM FOR PATIENT INJURY

Patient Insurance Centre
P.O. Box 1, 00084 VAKUUTUSKESKUS
Phone 040 450 4590, Fax 040 450 4694
www.pvk.fi

Patient
Insurance
centre



Please complete the form and return only after the Patient Insurance Centre has accepted your claim. Instructions for completing the form are on page 4. This form is also available from the website of the Patient Insurance Centre.

For the use of the Centre	Claim reference number	Arrived
----------------------------------	------------------------	---------

Patient	Patient's last name and first names	Personal identity code
	Patient's domicile at the time of the patient injury	

Address and bank details	Postal address	Post code and town
	Daytime telephone number (incl. area code)	
	Bank account number for payment of compensation	Account holder

Please give the address where the compensation decisions and possible queries are to be sent, as well as the number of the bank account, into which the compensation applied for with this form is to be paid.

Name of other claimant	Name of other claimant (if other than the patient)	Personal identity code
	Postal address	Post code and town
	Daytime telephone number (incl. area code)	

If a person other than the patient him/herself is applying for compensation on behalf of, instead of, or in addition to the patient (for example, trustee of an incompetent person, widow or widower, next of kin, etc.), please give his or her name and contact details. If the claimant wishes to use a representative, a letter of attorney must be enclosed (template available on the Centre's website).

Other insurance institutions paying out compensation	Has compensation been applied or received for the same expenses and losses?	
	<input type="checkbox"/> from motor liability insurance <input type="checkbox"/> from statutory accident insurance (occupational accident or disease) <input type="checkbox"/> on the basis of the Compensation for Military Injuries Act	
	<input type="checkbox"/> from general liability insurance <input type="checkbox"/> from other insurance, please state _____	
	Other insurance institution, office of the Social Insurance Institution (Kela) or employee sickness fund where compensation has been applied for or which has paid compensation due to this injury (incl. institutions outside Finland).	

Please state the insurance institutions that are paying out or to which compensation has been applied for with regard to the patient injury or due to the illness or injury, during the treatment of which the patient injury occurred. Please enclose copies of the original decisions on compensation or give the company's claims number, reference number, or similar.

Compensation claimed for

1. Medical treatment and travel expenses (see section 1 on page 4)

[illegible]

Please continue on a separate page, if required.

Please itemise the treatment and travel expenses for each period of treatment, visit to the physician or other visit for treatment, and enclose the invoice or receipt or other reliable proof of payment of the invoice. If you have received compensation for these expenses from elsewhere, please enclose the decisions for compensation, and only claim for the share of expenses to be paid by yourself.

If you are seeking compensation for the use of your own car or a taxi, please give an account of the necessity of its use (state of health, unsuitability of public transport connections, etc.). This account is not required if the Social Insurance Institution (Kela) has approved the use of own car or a taxi to be compensated for (Kela decisions are to be enclosed).

2. Expenses for medication and bandaging materials (see section 2 on page 4)

Claim for medication and bandaging materials in total euros.

Please enclose pharmacy receipts, as well as copies of prescriptions if the name of the medicine is not stated on the receipt. If these are not available, you must request for an account of the purchases of medicines from the Social Insurance Institution (Kela) or the pharmacy, or enclose other reliable proof of the costs arisen from the acquisition of medicines.

The limit for high medicine expenses (applied by Kela) has been reached in years _____.
Please enclose copies of the decisions by the Social Insurance Institution (Kela).

3. Other necessary expenses arisen from the injury (see section 3 on page 4)

Claim for other expenses arisen from the patient injury euros.

Please enclose the receipts, an account of the expenses in question and on what grounds you are applying for compensation.

4. Incapacity for work and loss of income (see section 4 on page 4)

The patient injury has resulted in incapacity for ordinary working tasks, verified by a medical certificate _____. _____ - _____ . _____ . _____

The employer has paid the wages for this period until _____ . _____ . _____ ☐ There is no loss of income

Occupation _____ ☐ Unemployed at the time of the patient injury

Incapacity for work ☐ has ended ☐ is still continuing ☐ has become permanent.

Name of employer

Name of person responsible for payroll administration

Postal address

Post code and town

Daytime telephone (incl. area code)

Based on this information, the Patient Insurance Centre will request the employer for an account, on the basis of which the amount of loss of income will be calculated. You may also present an account of the amount of loss of income yourself on a separate page.

A self-employed person's loss of income is based on the answers to the following questions. Please answer on a separate page!

- | | |
|---|---|
| a) Company name, contact details and Business ID? | e) Content of work tasks and working conditions? |
| b) Form of enterprise, line of business and number of employees of the company? | f) Impact of patient injury on working? |
| c) Patient's share of ownership in the company? | g) Impact of incapacity for work on the company's operations? |
| d) Share of the patient's work contribution in the entrepreneurship? | h) Organisation of work during the period of incapacity for work? |
| | i) An account of the resulting loss of income and its reasons (e.g. unfinished or postponed work projects)? |

5. Temporary incapacity (pain and suffering), permanent incapacity and permanent cosmetic impairment (see section 5 on page 4)

The amount of compensation is determined on the basis of medical records and other documents, applying the standards and guidelines issued by the Traffic Accident Board. For this reason, it is not necessary to present a detailed claim. If you wish, you may present your own account of the matter on a separate page.

Enclosed _____ pcs of photographs of **the eventual situation** in order to assess permanent cosmetic impairment.

6. Need for aid equipment (clothing allowance) (see section 6 on page 4)

Aid equipment, support belt/bandage or other similar device used as a result of patient injury: _____

In use _____ . _____ . _____ - _____ . _____ . _____

The need for aid equipment ☐ has ended ☐ continues ☐ is permanent or long-term.

7. Need for outside help (care allowance or compensation for next of kin) (see section 7 on page 4)

As a result of the patient injury, there is a need for outside help _____ . _____ . _____ - _____ . _____ . _____

The need for help ☐ has ended ☐ continues ☐ is permanent or long-term.

The provider of help ☐ domestic services ☐ home healthcare ☐ other, please state? _____

8. Signature

I hereby declare that the information I have given on this form and in its enclosures is correct and that no compensation has been applied for or received on the expenses or losses now claimed for from anywhere else than what is stated on this form and its enclosures.

I agree that medical institutions or persons engaged in health and medical treatment activities, pharmacies, tax authorities, employers of the claimants, pension and insurance institutions, the Finnish Centre for Pensions, and other authorities may, notwithstanding confidentiality provisions, pass to the Patient Insurance Centre information, documents and decisions on the compensation, pensions and wages regarding the patient's state of health and compensation received by the patient or other claimant that are necessary in the investigation of this claim and in claims handling.

Signature of the patient or other claimant, and name in block capitals

Date _____ . _____ . _____

Instructions for completing the form

This form shall be completed and returned to the Patient Insurance Centre only after the Centre has made an affirmative decision concerning the patient injury claim. Claim forms (Notice of Patient Injury) are available from medical institutions, the Patient Insurance Centre or on the Centre's website.

The types of compensation for which it is possible to receive compensation from patient insurance are presented on this form. Furthermore, there is a separate form for applying for compensation in case of death, available from the Patient Insurance Centre or its website.

The claim types paid out by virtue of the Patient Injuries Act are determined on the basis of section 5, paragraphs 2–4 of the Tort Liability Act. The amount of compensation is determined according to the level of compensation generally complied with in tort law, also applying the standards and guidelines issued by the Traffic Accident Board.

Compensation may be paid out of the patient insurance only for a personal injury that has been caused to the patient in connection with health and medical care. Expenses and losses that would have been incurred regardless of the patient injury shall not be compensated for. Compensations paid by virtue of other acts are taken into account as deductions from compensations paid out of the patient insurance. For this reason, information about other insurance institutions and similar, which are paying compensation, is requested on the form.

Please do not send unpaid bills/invoices to us, unless you have been given guarantee of payment for your bills by the Finnish Patient Centre

Compensation claimed

1. Medical treatment and travel expenses

Medical expenses arising from an injury that has occurred in connection with public health and medical care are compensated in accordance with the level of payment in public medical care, unless special medical reasons for using private health care services are stated in the application. It is possible to receive compensation for the expenses of using a taxi or own car only if an account of the necessity of their use is enclosed with the application.

2. Expenses for medication and bandaging materials

Expenses for extra medication necessary as a result of the patient injury are compensated in accordance with presented receipts or other accounts. The accounts must include the price paid for the medicine by the patient and the name of medicine. Correspondingly, the receipts for bandaging materials must state the product in question. Also state if the patient's expenses for medication have exceeded the limit of high medicine expenses applied by the Social Insurance Institution (Kela) during the period for which compensation is applied.

3. Other necessary expenses arisen from the injury

Other expenses arisen to the patient may be compensated only if they are necessary due to the patient injury. Please enclose the receipts and an explanation of the connection between the expenses and the patient injury and of their necessity.

4. Incapacity for work and loss of income

Patient insurance shall compensate for loss of income arisen only from additional incapacity for work as a result of the patient injury. Compensation for loss of income cannot be paid if the patient has been incapacitated for work due to a primary disease or injury or for another reason.

Compensation for loss of income is usually determined by comparing the income that the patient would have had without the patient injury to the income he or she has had despite the injury. In such a case, e.g. the wages and salaries paid by the employer during the period of illness, sickness allowance and benefits paid by virtue of other acts will be taken into account.

Compensation may be paid to the employer with respect to wages paid to the employee during the period of illness if corresponding compensation has not been paid to the employer on the basis of other acts.

Self-employed person's loss of income is investigated separately on the basis of answers to the questions on this form.

If the incapacity for work becomes permanent, the Patient Insurance Centre must request the Patient Injuries Board to issue a recommendation on the criteria applied in determining the benefits. After receiving the recommendation, the Centre makes its final decision on compensation.

5. Temporary incapacity (pain and suffering), permanent incapacity and permanent cosmetic impairment

Compensation for temporary incapacity covers pain and suffering and other inconvenience during the acute stage of the illness. The nature and degree of severity of the injury, the nature and amount of required treatment, and the duration of temporary incapacity will have an impact on the amount of compensation.

The extent of permanent incapacity and permanent cosmetic impairment will not be determined and payment will not be made until the condition has been found to be permanent, which is often one year after the final operation. Compensation for permanent incapacity covers permanent functional incapacity resulting from the patient injury. The extent of incapacity is assessed on medical grounds, using the decision on the classification on permanent disabilities by the Ministry of Social Affairs and Health (1012/86). Compensation corresponding to a disability determined on the basis of the Ministry's decision will be calculated in accordance with the standards of the Traffic Accident Board. Compensation is usually

paid as a lump sum. Compensation for persons under 18 years of age is paid in two instalments. The compensation that covers the period until the person's 18th birthday is paid first, and the final compensation is paid when the person turns 18.

Compensation for permanent cosmetic impairment covers a permanent injury caused by an illness or injury to the person's appearance. Compensation will be determined once the condition has stabilised and, for example, any possible scars have healed. Compensation is paid in a lump sum.

The amount of compensation for both permanent incapacity and permanent cosmetic impairment is tied to the age of the injured party. These compensations can be increased on the basis of special presented account if the injury causes exceptional disadvantage to the person's leisure pursuits or occupation or otherwise the person's quality of life is impaired to a significant extent.

6. Need for aid equipment (clothing allowance)

If the patient, due to a patient injury, has to use aid equipment, which causes exceptional wear and tear or soiling of clothes, a clothing allowance may be paid to the patient. The allowance is paid as daily allowance for the period when the person needs to use the aid equipment, however, not during institutional care.

7. Need for outside help (care allowance or compensation for next of kin)

If the injured party needs outside help as a result of the patient injury, he or she may be paid care allowance, the purpose of which is to cover extra expenses incurred. The allowance is paid as daily allowance for the period when the person needs outside help. The allowance is not paid during institutional care.

The patient's next of kin are entitled to compensation for expenses arisen from the care of the patient and for loss of income with respect to injuries occurred on or after 1 January 2006 for a particular reason. Entitlement to compensation is only valid until the patient's condition has stabilised. Please enclose a claim including reasons and fill in the section on page 1 concerning other claimant, as well as section 4, where applicable, if you are seeking compensation for loss of income. The next of kin claiming compensation must also sign the claim.

8. Signature

The patient or other person claiming compensation must sign the claim and declare that the information on the form and in its enclosures is correct and that no other compensation has been applied for or received from anywhere else than what is stated on this form and its enclosures. By signing the claim, the claimant also gives permission for the processing of the claim in order to acquire necessary information.