

INQUIRY

MEDICAL CARE

For Skåne Care to handle your inquiry efficiently and be able to offer the medical treatment you are requesting, please fill in the application form and send together with required documents.

1. MEDICAL CARE REQUEST

Please fill in the application form and send together with:

- Updated medical report in English describing medical status and type of care needed
- Copy of passport
- Consent for processing of personal and medical information, see page 4

To protect sensitive personal information you can send documents as encrypted data or to Skåne Care AB, Trollebergsvägen 5, 222 29 Lund, Sweden.

2. AVAILABILITY AND ESTIMATED COST

Once documents have been received, Skåne Care will verify availability and cost of medical care with the concerned clinic. We will respond to your inquiry within one or two weeks. If you can be offered treatment, we will present a brief treatment plan and an indicative cost for confirmation by you and/or your sponsor. Please note that the cost of treatment is individually set depending on the required intervention.

3. CONFIRMATION AND PAYMENT

Once we receive a confirmation from you and/or your sponsor, we will confirm that the appointment with the medical provider and other requested services for your stay in Sweden are booked. You will need to ensure full financial coverage of the planned care and stay in advance through payment of a bill sent to your address or by submitting a payment guarantee from your sponsor.

5. LOGISTICS AND VISA

The treatment plan and a supporting medical report will be sent to you in advance. If you need to apply for a visa, the medical report should be attached to your visa application which should be submitted at the earliest possible date. For more detailed information about visa applications, contact the [Swedish Migration Agency](#).

CARE RECIPIENT	
Family name:	First name:
Date of birth yyyy-mm-dd:	Sex:
Citizenship:	Spoken languages:
Street:	Postal code:
City:	Country:
Phone:	E-mail:

CONTACT PERSON (IF OTHER THAN CARE RECIPIENT)	
Family name:	First name:
Street:	Postal code:
City:	Country:
Phone:	E-mail:

MEDICAL CARE	
Diagnosis/chief complaint:	
Reasons for requesting medical care in Sweden:	
Interested in: Treatment Investigation Second opinion Other, please specify:	How medical treatment will be financed: Payment guarantee from public authority Payment guarantee from insurance company Private payment Other, please specify:
Has the care recipient been hospitalised during the last 6 months? Yes No	Preferred time for medical care:

ADDITIONAL INFORMATION RELEVANT FOR MEDICAL CARE AND STAY IN SWEDEN**SEND THE COMPLETED APPLICATION FORM TOGETHER WITH:**

- Updated medical report in English describing medical status and type of care needed.
- Copy of passport.
- Consent for processing of personal and medical information, see next page.

Please take into consideration the sensitivity of the personal and medical information that you send to us. Such documents can be received via encrypted data if possible or post sent to Skåne Care AB, Trollebergsvägen 5, 222 29 Lund, Sweden.

HOW DID YOU GET IN CONTACT WITH SKÅNE CARE?

Relative/friend

Recommendation by physician in home country

Recommendation by physician in Sweden

Internet

Other, please specify:

CONSENT FOR PROCESSING OF PERSONAL AND MEDICAL INFORMATION

BACKGROUND

Skåne Care AB will mediate contact with Region Skåne's health and medical care units. As a provider of health and medical care, Region Skåne is subject to rules regarding documentation and handling of patient data according to Swedish legislation, inter alia the Swedish Patient Data Act (Sw. patientdatalagen (2008:835)) and the Swedish Public Access to Information and Secrecy Act (Sw. offentlighets- och sekretesslagen (2009:400)).

According to the Swedish Personal Data Act (1998:204) you have the right to get information about what personal data Skåne Care AB holds about you, including where the data has been collected, the purpose of the processing and to which recipient/recipients the data is disclosed. Application for information shall be made in writing and sent to Skåne Care AB, Trollebergsvägen 5, 222 29 Lund, Sweden.

CONSENT

1. In order to be able to coordinate and charge for the medical care that you have requested, Skåne Care AB needs your consent to process personal information about you. The data will be processed by employees within Skåne Care AB and by the caregivers involved in your planned medical care. Personal information required to book hotels or other services related to your medical care within the agreement may be disclosed to external recipients to facilitate your medical care and your relatives' stay. The information that we intend to collect and process is: name, age, address and data concerning your medical condition and planned treatments.
2. Do you agree to Skåne Care AB disclosing information about your medical treatment to your relatives?

No

Yes

I hereby give my consent to the processing of my personal and medical data by Skåne Care AB in accordance with items 1 and 2 above.

Date (yyyy-mm-dd):

Date of birth (yyyy-mm-dd):

Printed name:

Signature: