



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

**FINANCIAL CONTROL PROCEDURE:  
OVERSEAS PATIENTS**

**Initiated by:** Director of Finance & Procurement

**Approved by:** Audit & Risk Committee

**Date approved:**

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~~Board Secretary~~

~~Directorate Managers~~

~~Assistant Directors~~

**Freedom of Information Status:** Open

This policy has been subject to a full equality impact assessment.

## **CONTENTS**

1. Introduction
2. Identification and Eligibility
3. Bilateral Healthcare Agreements
4. Notification of Charges
5. Payment Arrangements
6. Equality Impact Assessment

## 1 INTRODUCTION

- 1.1 The procedure details the principles underlying the Cwm Taf [Morgannwg](#) University Health Board's (UHB's) Overseas Patient systems and the processes required to operate these principles.
- 1.2 This procedure should be read in conjunction with the UHB's Standing Financial Instructions and other relevant Financial Control Procedures, in particular FP10 Private Patients and FP7 Income & Debtors, together with operational policies on the management of overseas patients within the Health Board.
- 1.3 The UHB has a legal obligation to ensure that those not eligible for free NHS treatment are appropriately charged for the cost of their treatment. The main qualifying criterion for eligibility is that of residency. People who therefore do not normally live in the UK are not automatically entitled to free NHS care
- 1.4 The purpose of the procedure is to detail responsibilities to ensure that all overseas patient attendances and services provided to overseas patients who do not qualify for free NHS care are brought to the attention of the UHB and notified to the Finance Department, so that appropriate charges can be levied.
- 1.5 This procedure should be read in conjunction with Welsh Government Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2009, and other related documents published alongside the Guidance.
- 1.6 The UHB must ensure that treatment which is **immediately necessary** is provided to any patient, regardless of whether payment has been made. Treatment provided in an Emergency Department/A&E is free of charge although any subsequent inpatient or outpatient treatment becomes chargeable. Patients seeking **urgent** or **non-urgent** treatments must pay for that treatment in advance. The definitions for **immediately necessary**, **urgent** and **non-urgent** treatments are provided within the Health Board's Operational Policy
- 1.7 The UHB has a legal obligation to establish if the patients to whom they provide treatment are entitled to receive that

treatment free of charge. If not, charges should be levied irrespective of a patient's circumstances.

## 2 IDENTIFICATION

2.1 All Cwm Taf [Morgannwg](#) University Health Board staff have the responsibility to identify, without discrimination, all potential patients who may be liable for charges. The Medical Records Department should be contacted immediately if there is any doubt whether a patient is eligible for NHS treatment or if there is any indication that they may be liable for charges.

2.2 There are baseline questions which should be asked of all patients to assess eligibility and entitlement to treatment, namely:

- Where have you lived for the last 12 months?

And, if the patient indicates that they have lived in the UK for less than 6 months;

- Can you show that you have a right to live in the UK?

2.3 Ultimately, it is the patient's responsibility to provide proof of eligibility. Charges can be imposed until such time that the documentation is provided.

2.4 Treatments provided at points of entry within Unscheduled Care (A&E, Minor Injuries, GP Out of Hours etc) are non-chargeable. However, any patients requiring subsequent outpatient care or admittance to a ward will require that their eligibility for free treatment be assessed.

2.5 If there is any indication that a patient may not be eligible for free treatment, staff must contact the Medical Records Department who will then undertake any further assessment, to include an interview with the patient, to establish any charges that should be levied. It is the responsibility of the patient to prove their entitlement to access NHS care. Failure to prove this eligibility will usually result in charges being incurred. ~~In addition, if there is an indication that the patient has submitted false information then the matter should be reported to the Health Board's Local Counter Fraud Specialist.~~

2.6 In instances where there is an indication that the patient has submitted false information intending to access treatment then the matter should be reported to the Health Board's Local Counter Fraud Specialist.

2.67 A schedule of charges to be levied shall be maintained by the Finance Manager for Costing, who shall provide it to the Medical Records Department accordingly.

### 3. **BILATERAL HEALTHCARE AGREEMENTS**

~~3.1 There are two types of bilateral healthcare agreements in place.~~

- ~~• Between all Member states of the European Economic Area plus Switzerland.~~
- ~~• UK and individual countries~~

#### ~~3.2 Treatment for EEA and Switzerland expressly in the UK for treatment. Forms E112/E123~~EU Countries

~~3.2.1 There are separate arrangements for people from another EEA country or Switzerland who want to come to the UK expressly to seek treatment. These patients will need to obtain the prior authorisation of their social security institution, which bears the cost. There is an all Wales procedure for patients accessing treatment in countries of the European Economic Area, and related guidance. Reference should therefore be made to such guidance where appropriate.~~

3.1.1 EU citizens lawfully living in Wales before the 31<sup>st</sup> December 2020, will be able to use the NHS in Wales, provided they have registered and obtained settled or pre-settled status to be able to continue to live in the UK and access NHS services free of charge.

~~3.1.22 A person who has obtained permission from his social security institution to seek treatment in the UK will be issued with an E112 (Industrial injury or occupational disease form E123). They must make advance arrangements for their treatment and be given the same clinical priority as NHS patients, i.e. they will be subject to waiting lists. The patient should be informed that they are entitled to treatment and that they will be included on the UHBs waiting list.~~

~~3.2.3 To avoid complications that may occur if a patient authorised to seek NHS treatment in the UK is inadvertently treated privately, Consultants are advised to establish when accepting such referrals whether the treatment should be at the cost of~~

~~the patient's social security institution or at the patient's own cost.~~

~~3.2.4 Where a UHB has agreed to accept a patient under these arrangements and the patient cannot produce either forms, only treatment that is immediately necessary should be provided without charge. The remaining treatment is chargeable as a NHS charge not as a private patient (i.e. private consultant fees are not chargeable)~~

3.2.5 The cost of emergency treatment for EEA nationals is only reclaimable with an EHIC number. Where such patients are identified, it is important that the EHIC number is obtained. Where EHIC cards are provided, they should be photocopied (in the event of a dispute). If a patient does not have their EHIC number, there is an agreed process across the EEA to obtain an emergency number. There is a telephone number that can be given to the patient in hospital to arrange this. ~~This is included within the EEA policy referred to above.~~ Any queries regarding the application of the policy should be directed to the Patient Flow Manager in the Contracting Department

~~3.2.6~~1.3 The Medical Records Department will assume responsibility for collecting all ~~E112/E123~~ income for overseas patients via the Welsh Government, with support from the Contracting Section of the Finance Department.

### **3.32 Non-EEA Countries with Bilateral Agreements**

3.2.1 The UK has agreed citizens' rights agreements with Norway, Iceland, Liechtenstein and Switzerland. Citizens of these countries lawfully living in Wales before the 31<sup>st</sup> December 2020, will continue to be able to use the NHS in Wales following registration of their S1 form.

~~3.3.12~~2 There are a number of individual countries where the UK has bilateral healthcare agreements in place. Some of these agreements only cover nationals of a country visiting the UK and others cover all residents of a country who visit the UK.

~~3.2.3~~2 Each instance will have to be examined on its own merit as different eligibility criteria will apply from country to country. For example, some agreements will only allow the treatment necessary for an overseas visitor to return home whilst others will allow all treatments other than when the person has

travelled to the other country for the purpose of obtaining healthcare.

- 3.3.32.4 The Medical Records Department, as part of the eligibility assessment, will determine the rules that apply in relation to the country in question and the level of cover being provided, and will take the appropriate action with regard to whether the patient is eligible for free treatment or should be charged.

#### 4. NOTIFICATION OF CHARGES

- 4.1 The Medical Records Department will be responsible for collecting all income for overseas patients. Once the status of the patient has been established, the Medical Records Department will arrange for the patient to sign an Undertaking to Pay Form (Appendix 1). The procedure for elective overseas patients will be the same as for private patients (see FP10) except that estimated bills will be produced and income collected prior to treatment starting or as soon as possible thereafter, but should be prior to discharge.
- 4.2 A Notification of Income (NOI) form will be forwarded to the [Senior Finance Officer - Debtors](#)~~Manager~~ in the Finance Department, with the Undertaking to Pay attached, for an official invoice to be raised.
- 4.3 The consultant may be required to complete medical reports for the patient's medical insurer to secure medical cover and payment.
- 4.4 It is important that the Medical Records Officer informs those patients liable for charges that failure to settle the debt will result in information being sent to the UK Border Agency which could result in future entry restrictions into the UK.
- 4.5 Invoices issued by the Finance Department relating to overseas patients will include the warning that failure to settle the debt will result in the UK Border Agency being informed and this may affect future UK entry. This warning will also be included on all subsequent follow up letters issued by the UHB or its representatives.
- 4.6 On a monthly basis the [Senior Finance Officer - Debtors](#)~~Manager~~ will forward information on outstanding overseas patient debts which have been outstanding for two months and longer and are £500 or more to the UK Border Agency.

## 5. PAYMENT ARRANGEMENTS

- 5.1 Wherever possible payment should be received prior to the treatment or, if this is not possible, prior to discharge. Patients wishing to pay by cash should deposit the money in General Office where a receipt will be issued in accordance with the Financial Control Procedure FP 4 on Cash & Banking.
- 5.2 If the patient has not already paid, an invoice will be raised by finance staff in accordance with the Financial Control Procedure FP 7 on [Income & Debtors](#) ~~& Income Control~~ upon receipt of a duly authorised NOI Form from Medical Records
- 5.3 The follow up of unpaid invoices will be in line with FP 7 on [Income & Debtors](#) ~~& Income Control~~. This may include the use of overseas debt collection agencies where appropriate. The matter should also be reported to the Health Board's Local Counter Fraud Specialist. Invoices over £500 and outstanding for over two months will be notified to the UK Border Agency.
- 5.4 In the event of documentation being received after an overseas visitor has paid for treatment, the Medical Records Department will liaise with the Finance Department to ensure monies are refunded accordingly.
- 5.5 Where a patient dies without making payment to the UHB, the debt becomes recoverable from the deceased's estate.

## 6. EQUALITY IMPACT ASSESSMENT

- 6.1 Following assessment, this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands: Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human Rights.





**UNDERTAKING TO PAY FORM**  
**OVERSEAS PATIENTS**

**A: To be completed in all cases where undertaking to pay is required**

Family Name:	
Given Name(s):	
Date of Birth (DD/MM/YYYY):	
Nationality:	
Passport Number:	
Visa Permit Number (if applicable):	
Social Security Number (if applicable):	
ID Number (if applicable):	
UK Address: (including temporary)	Overseas Address: (if applicable)
Tel (home): Tel (work):	Tel (home): Tel (work):
Email (personal):	
Email (work):	

**B: To be completed in addition to A, if a person giving the undertaking to pay is not the patient**

Family Name:
Given Name(s):
Date of Birth (DD/MM/YYYY):
Nationality:
Passport Number:
Visa Permit Number (if applicable):
Social Security Number (if applicable):

ID Number (if applicable):

1/2

UK Address: (including temporary)	Overseas Address: (if applicable)
Tel (home):	Tel (home):
Tel (work):	Tel (work):
Email (personal):	
Email (work)	

**C: DECLARATION**

I understand the reasons I have been asked to complete this form and I undertake to pay  
(insert NHS Body's name)

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such sums as may be due to them in accordance with the NHS Charging Regulations currently in force in respect of NHS hospital treatment provided for the person named at A above.

I also understand that **failure to pay NHS treatment for which charges have been levied, may result in a future immigration application that the person at A makes to enter or remain in the UK being denied.** Necessary personal information about the person at A may be passed via NHS Wales to the UK Border Agency for this purpose.

Signed:

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Date: (DD/MM/YYYY)

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