

The ABC's of Healthcare  
EXTRACT  
FOR FOREIGNERS

**A guide by the Lublin Voivodeship Branch  
of the National Health Fund**



**Lublin  
JULY 2014**

## **The ABC's of Healthcare**

Extract for foreigners

### **Publisher:**

The Lublin Voivodeship Branch of the National Health Fund

20-124 Lublin, Szkolna 16

tel. (81) 5310500

fax. (81) 5310528

e-mail: [info@nfz-lublin.pl](mailto:info@nfz-lublin.pl)

<http://www.nfz-lublin.pl>

# TABLE OF CONTENTS

<b>I. GENERAL INFORMATION .....</b>	<b>4</b>
1. FOREIGNERS ENTITLED TO HEALTHCARE SERVICES .....	4
2. VOLUNTARY HEALTH INSURANCE .....	5
3. DOCUMENTS CONFIRMING ENTITLEMENT TO HEALTHCARE SERVICES .....	7
<b>II. HEALTHCARE SERVICES .....</b>	<b>9</b>
1. PRIMARY HEALTHCARE (PHC).....	9
2. SPECIALIST AMBULATORY SERVICES .....	12
3. DENTISTRY.....	14
4. HOSPITAL TREATMENT .....	14
5. THERAPEUTIC REHABILITATION.....	15
6. MEDICAL DEVICE SUPPLY .....	17
7. IMMEDIATE ASSISTANCE .....	17
<b>III. ADDITIONAL INFORMATION .....</b>	<b>18</b>
1. SUDDEN INCIDENT .....	18
2. WAITING LIST .....	18
3. PHARMACEUTICALS AND REIMBURSEMENT.....	19
4. SUBMISSION OF COMPLAINTS AND SUGGESTIONS .....	21
<b>IV. IMPORTANT TELEPHONE NUMBERS/ADDRESSES.....</b>	<b>22</b>

## **I. GENERAL INFORMATION**

### **1. FOREIGNERS ENTITLED TO HEALTHCARE SERVICES**

I. The right to healthcare services in the field of health insurance is granted to foreigners covered by the obligation to health insurance, or those voluntarily insured in the National Health Fund, i.e.:

1. foreigners holding citizenship of a European Union or European Free Trade Association (EFTA) Member State, residing within the territory of a European Union or European Free Trade Association (EFTA) Member State;
2. foreigners not holding citizenship of a European Union or European Free Trade Association (EFTA) Member State, staying within the territory of Poland, on the basis of the following: an employment visa, a residence permit for a predetermined period, with the exception of permits granted on the basis of art. 53a exc. 2 of the Act of 13 June 2003 on foreigners (Journal of Laws of 2006, No. 234, item 1694, as amended), settlement permits, stay permits for long-term residents of European Communities, permits for tolerated stay, or people with refugee status granted in Poland, or under supplementary protection or temporary protection within its territory;
3. foreigners not holding citizenship of a European Union or European Free Trade Association (EFTA) Member State, legally residing in the territory of a European Union or European Free Trade Association (EFTA) Member State other than Poland.

II. The right to healthcare services in the field of health insurance is granted to foreigners voluntarily insured in the National Health Fund, i.e.:

1. foreigners - students and PhD students studying in Poland and graduates conducting mandatory internships in Poland - not holding citizenship of a European Union or European Free Trade Association (EFTA) Member State;
2. foreigners - members of orders and alumni of higher clerical and theological seminars, postulants, novices and juniors, as well as their equivalents, not holding citizenship of a European Union or European Free Trade Association (EFTA) Member State, staying within the territory of Poland on the basis of a visa, residence permit for a predetermined period, settlement permit, stay permit for long-term residents of European Communities, a permit for tolerated stay, people with refugee status granted in Poland, or under supplementary protection or temporary protection within its territory;
3. foreigners conducting adaptation internships;
4. foreigners conducting Polish-language courses and preparation courses for the initiation of education in Polish, as defined in laws and regulations on higher education, not holding citizenship of a European Union or European Free Trade Association (EFTA) Member State;

III. The right to healthcare services necessary from the medical point of view is granted to foreigners holding the following:

1. Polish Charter (Karta Polaka);
2. A European Health Insurance Card (EHIC) or EHIC Equivalent Certificate.

Foreign students holding the Polish Charter shall be referred for health insurance by their accepting universities.

## 2. VOLUNTARY HEALTH INSURANCE

The lack of health insurance may entail high costs for healthcare services provided in the case of illness or in need of immediate medical assistance.

Foreigners without any entitlements to insurance may conclude contracts for voluntary health insurance.

In order to conclude a contract for voluntary health insurance, the person in question must visit the National Health Fund Branch appropriate to the place of residence and fill in the "*Application for voluntary health insurance coverage under the National Health Fund*".

A contract for voluntary health insurance cannot be concluded retroactively, i.e. earlier than the National Health Fund Branch receives the application.

### **Documents serving as the basis for concluding contracts:**

#### **– foreigners – people not covered by mandatory health insurance in any European Union or EEA State**

- identification document (personal ID, passport),
- temporary residency card or temporary residency permit for a defined period, or settlement permit,
- PESEL (Personal Identification) number (if obtained),
- document confirming the most recent period of health insurance coverage (e.g. employment certificate for people employed in Poland, E-104 form for employment in EU/EFTA States).

#### **– foreigners – students and PhD students**

- identification document (passport, temporary residency card),
- PESEL (Personal Identification) number (if obtained),
- document confirming place of residence in Poland,
- academy certificate confirming education in progress.

- **foreigners – members of orders and alumni of higher clerical and theological seminars, postulants, novices and juniors, as well as their equivalents**
  - identification document (passport, temporary residency card),
  - PESEL (Personal Identification) number (if obtained),
  - document confirming place of residence,
  - certificate of affiliation with an order.
  
- **foreigners – during adaptation internships**
  - identification document (passport, temporary residency card),
  - PESEL (Personal Identification) number (if obtained),
  - document confirming place of residence,
  - contract obliging the completion of internship/training.
  
- **foreigners – during Polish-language courses and preparation courses for initiation of education in Polish**
  - identification document (passport, temporary residency card),
  - PESEL (Personal Identification) number (if obtained),
  - document confirming place of residence,
  - certificate confirming course in progress.

#### **Obligations of the contractually-insured party:**

- notification of the health insurance in the Social Insurance Fund on the **ZUS ZZA** form,
- payment of health insurance premiums from the **15<sup>th</sup> day of the following month for the previous month**,
- updating of premium amounts in accordance with the changing base,
- deregistration of health insurance in the Social Insurance Fund on the **ZUS ZWUA** and **ZUS ZWPA** forms.

#### **Termination of the voluntary health insurance contract may be conducted:**

- by notifying the National Health Fund Branch in writing of the resignation,
- following a month of unbroken outstanding premium fees,
- at the moment of the insured party's relocation outside the borders of Poland,
- with the enforcement of the branch director's decision on defining the appropriate legislation on the basis of coordination regulations confirming

the adequacy of the legislation of a different EU or EFTA Member State - party to the European Economic Area agreement.

### **Entitlements of the contractually-insured party:**

A voluntarily-insured foreigner obtains the entitlement to healthcare services on the day defined in the contract, and ceases to be covered on the day of the contract's termination or following a month of unbroken outstanding instalment fees.

## **3. DOCUMENTS CONFIRMING ENTITLEMENT TO HEALTHCARE SERVICES**

1. A foreigner covered by voluntary health insurance should hold the following:
  - **voluntary health insurance contract**,
  - ZUS ZZA application form,
  - valid proof of health insurance payment;
2. A foreigner covered by the obligation to health insurance should hold the following:
  - **in the case of employment on the basis of an employment contract**
    - Health insurance application form and valid confirmed monthly ZUS RMUA report issued by the employer (does not apply to people on unpaid vacation in excess of 30 days);
    - valid certificate from the place of employment or sealed insurance card (as of 1 January 2010, the Social Insurance Fund no longer issues insurance cards).
  - **in the case of a person conducting business activity**
    - health insurance application form and valid proof of health insurance premiums payment;
  - **in the case of a person insured in the Agricultural Social Insurance Fund (KRUS)**
    - Agricultural Social Insurance Fund certificate confirming eligibility for health insurance;
    - identification card stamped by the Agricultural Social Insurance Fund (KRUS);
    - decision on the social insurance coverage of farmers;
    - proof of the payment of premiums in the case of operating in special agricultural production fields;
  - **in the case of a person receiving retirement or pension benefits**
    - retiree or pensioned identification card;
    - certificate of the Social Insurance Fund or Agricultural Social Insurance Fund;

- valid retirement or disability pension slip;
  - document confirming the amount of the transferred retirement or disability pension, including in particular the transfer slip or extract (art. 240 exc. 2 of the Act);
  - **in the case of an unemployed person**
    - valid certificate of applying for health insurance from a labour office;
  - **in the case of a family member of an insured person**
    - proof of health instalment payment provided by the person applying for health insurance for family members and Xerox copy of the application
    - valid certificate issued by the employer;
    - Agricultural Social Insurance Fund certificate of insuring family members;
    - in the case of schoolchildren – **aged between 18 and 26** – there is an additional requirement to present a document confirming education continuation – e.g. student/school identification card or document confirming significant disability level;
    - in the case of students aged 26 and over – insurance application by the academy.
3. A foreigner holding citizenship of a EU or EFTA Member State staying in Poland should hold the following;
- **European Health Insurance Card** (EHIC Equivalent Certificate), or
  - confirmation issued by the national Health Fund (if residing in Poland),

In emergency situations treatment is provided even if the entitlement to healthcare services could not be confirmed. In such cases, healthcare recipients shall be required to present a document which confirms their entitlement to healthcare services or to make a corresponding declaration (under the pain of being charged with the cost of any such services)

- within 14 days from the first day of providing healthcare, or
- within 7 days from the last day of providing healthcare services - if the healthcare services are provided in a hospital.

---

## **The scope of healthcare services**

**Voluntary health insurance contract** – entitles to all healthcare services available to a Polish insured person;

**European Health Insurance Card and EHIC Equivalent Certificate** – entitles to medically necessary healthcare services, considering the state of health and stay duration;

---

**Certification confirming entitlement to healthcare services** – entitles to all healthcare services available to a Polish insured person;

**Polish Charter** – entitles to services in cases of sudden incidence.

---

## II. HEALTHCARE SERVICES

### 1. PRIMARY HEALTHCARE (PHC)

Primary healthcare services are provided Monday to Friday between the hours of 8.00 a.m. – 6.00 p.m., whereas between the hours 6.00 p.m. – 8.00 a.m. of the following day and for 24 hours on Saturdays, Sundays and holidays, the patients are guaranteed night and holiday primary healthcare services.

#### Medical care

Each insured party is entitled **to the free selection** of a primary healthcare (PHC) physician from those contracted with the National Health Fund. The selection is made by submitting the "selection declaration" (the declaration forms are held by the physicians).

#### Important:

- **In cases justified by the health of the patient, the service of the primary healthcare physician is provided on the day of notification;**
- **In cases of chronic illnesses**, with the exception of exacerbations in the course of such illnesses, the services are provided at a time appointed in agreement with the patient;
- **A change of a primary healthcare physician, nurse or midwife** is granted to the insured party free of charge no more than three per calendar year. In the case of every additional change, the patient pays a fee of PLN 80; this amount should be paid into the account of the Lublin Voivodeship Branch of the National Health Fund No. 29 1130 1206 0028 9000 1220 0001 (this does not concern the patient's relocation and the termination of service provision by the selected provider, as well as other reasons beyond the patient's control);
- The change of the physician, nurse or midwife is performed by filling in a declaration form in the location of the newly-selected physician, nurse or midwife;
- **The insured party is entitled to free services** in the field of primary healthcare outside the place of residence in cases of sudden incidence;
- **Referring the patient** to a specialist physician or hospital, the PHC physician shall provide the referral with the results of diagnostic examinations and conducted consultations, justifying the initial diagnosis;

- **A PHC physician may issue a prescription** to a declared patient for pharmaceuticals recommended by another health insurance physician, on the basis of written information from the said physician on the diagnosis of the patient's disease and recommended pharmacology;
- **A PHC physician may issue a referral** (to declared patients) **for physiotherapeutic treatments** in ambulatory and home conditions, with the exception of referrals for physiotherapeutic treatments associated with the treatment of posture defects and locomotion organ dysfunctions caused by said defects, informing the patient **that the referral for rehabilitation treatments is valid for 30 days** from its issue date, and the patient should begin therapy or register in the centre providing rehabilitation services within this period.

The registration of patients for determined hours can be conducted in any form: personally, by phone, or through a third person.

**A PHC physician is obliged to ensure** (Monday to Friday between the hours of 8.00 a.m. and 6.00 p.m.) medical counselling in a clinic, and in medically-justified cases house visits, as well as the operation of a surgery office and vaccination point. In PHC provider branches, it is permissible to ensure accessibility at a time shorter than between the hours 8.00 a.m. and 6.00 p.m., if the given provider ensures access to services in another location during these hours.

### **PHC nurse care**

A nurse provides comprehensive nursing care, in particular the following:

- diagnoses the conditions and health needs of the patients,
- diagnoses nursing problems,
- plans and provides nursing care,
- evaluates the effectiveness of the provided nursing procedures,
- fulfils medical orders,
- conducts health education, health promotion, and disease prevention.

Nursing care is conducted Monday to Friday between the hours 8.00 a.m. and 6.00 p.m., with exception of statutory holidays. In medically-justified cases, the services are provided on the day of notification. In cases of chronic illnesses and other cases resulting from the scope of responsibilities of a PHC nurse, the services are provided at a time appointed in cooperation with the beneficiary.

Each insured party is entitled **to the free selection** of a primary healthcare (PHC) nurse from those contracted with the National Health Fund. The selection is made by submitting the "selection declaration" (the declaration forms are held by the nurses).

### **PHC midwife care**

A PHC midwife is obliged to provide comprehensive healthcare services in the field of obstetrics, gynaecology and neonatology nursing care for the beneficiaries declared to him/her. Obstetric care is conducted Monday to Friday between the hours 8.00 a.m. and 6.00 p.m., with exception of statutory holidays. In medically-justified cases, the services are provided on the day of notification. In cases of chronic illnesses and other cases resulting from the scope of responsibilities of a PHC midwife, the services are provided at a time appointed in cooperation with the beneficiary.

A midwife is obliged to hold a field/family midwife's briefcase, which should be equipped with primary appliances and disposable materials.

Each insured party is entitled **to the free selection** of a primary healthcare (PHC) midwife from those contracted with the National Health Fund. The selection is made by submitting the "selection declaration" (the declaration forms are held by the midwives).

School nurses schedule and provide preventive healthcare in the teaching and educational environments, as designed for students from year "0" in primary schools to the last year of education in upper-secondary schools.

**Important:**

- School nurses provide first aid in emergencies such as sickness, bruises and food poisonings;
- School nurses do not provide nursing care throughout the whole time the school is open for classes.

**NIGHT AND HOLIDAY HEALTHCARE**

Night and holiday healthcare covers primary healthcare services provided between Monday and Friday from 6 p.m. to 8 a.m. the following day, and on Saturdays, Sundays and statutory holidays from 8 a.m. to 8 a.m. the following day.

This healthcare is provided in night healthcare units and is not associated with the primary healthcare physician a patient may be registered with. In the event of deteriorating health condition, the insured can use any night and holiday healthcare unit. Patients can find information on where to find a night and holiday healthcare provider from their primary healthcare physicians, in a local Voivodeship National Health Fund Branch or its field office, or online on [www.nfz-lublin.pl](http://www.nfz-lublin.pl).

Night and holiday healthcare services are provided by a physician and nurse, covering the following:

- medical counselling provided in ambulatory conditions in direct contact with the patient, or by telephone at the home of the patient,
- nursing services provided in a surgery room or patient's home, ordered by healthcare physicians, resulting from the need to preserve treatment continuity,

- services immediately provided by the nurse, in relation to a diagnosis made by a physician as part of night and holiday primary healthcare.

### **Important:**

- Night and holiday healthcare services do not cover situations associated with conditions of direct hazard to life, in particular in the following cases: loss of consciousness, falls from heights, fractures, communication accidents, sudden consciousness disturbances, accident injuries, sudden breathlessness, electric shock, childbirth, and complications associated with pregnancy.

## **2. SPECIALIST AMBULATORY SERVICES**

Specialist ambulatory services are provided on the **basis of a referral** from a health insurance physician.

The insured party is **not required to have a referral** to benefit from the services provided by the following:

- gynaecologist and obstetrician,
- dentist,
- dermatologist,
- venereologist,
- oncologist,
- oculist,
- psychiatrist,

Furthermore, the obligation to have a referral does not concern:

- people with tuberculosis,
- people infected with the HIV virus,
- war and military invalids, victims and combatants,
- civilian blind victims of military operations,
- people addicted to alcohol, intoxicants and psychotropic drugs in the field of rehab,
- eligible soldiers or employees suffering from injuries or diseases suffered or contracted during operations abroad.
- injured veterans suffering from injuries and diseases received or contracted during operations abroad,
- children suffering from congenital diseases diagnosed during screening tests.

The patient is entitled to select the specialist physician from healthcare providers contracted to the National Health Fund.

**Important:**

- **If it is impossible to receive counselling on the day of application**, the healthcare provider is obliged to maintain a waiting list and appoint a visit time (the criteria of placing patients on the list are regulated by the regulation of the Minister of Health<sup>1</sup>, for more information on the waiting list, see the chapter "Waiting lists");
- **Patients entitled to receive priority healthcare services include** Distinguished Honorary Blood Donors, Distinguished Organ Donors, disabled war veterans, disabled military men, combatants, eligible soldiers and military staff, and injured veterans suffering from injuries and diseases received or contracted during operations abroad;
- **In cases justified medically**, the specialist physician provides counselling in the home of the patient;
- **Diagnostic examinations** for the insured party are free of charge on the basis of a referral, in a laboratory indicated by the physician;
- **Patient registration** is conducted on the basis of the following types of notification: personal, telephone, or through a third person.

If the patient covered by specialist treatment requires medical checkups in relation to the conducted treatment, the referral for such checkups is issued by the specialist physician.

The health insurance physician treating the patient in a specialist clinic is obliged to inform the patient's supervising/PHC physician of the diagnosis, treatment method, prognosis, prescribed medication (including application periods and dosage methods) and appointed medical checkups, at least once every 12 months.

The list of selected healthcare services provided by specialist doctors:

- conducting medical examinations: interview and physical examination, conducted in line with the state-of-the-art medical knowledge, and concluded with an initial or final diagnosis,
- providing or referring to the necessary diagnostic or therapeutic services, in line with the state-of-the-art medical knowledge, prescribing necessary medications,
- issuing prescriptions for reimbursed orthopaedic items and aids,
- referring for specialist consultations, hospitalisations, spa treatment, and therapeutic rehabilitation,

---

<sup>1</sup> Regulation of the Minister of Health of 26 September 2005 on medical criteria suggested for healthcare providers in placing beneficiaries on waiting lists for the provision of healthcare services (Journal of Laws No. 200, item 1661).

- assessing health status, as defined in the relevant regulations,
- teaching and promoting health-oriented behaviour, and
- providing preventive screening tests.

### 3. DENTISTRY

The patient is entitled to dental services without referral. The patient is entitled to free guaranteed dental services<sup>2</sup>.

#### **Important:**

- **A patient in pain** should receive assistance on the day of the visit;
- if there is a need to remove a tooth, the patient is entitled to receive local anaesthesia and surgical procedure free of charge.
- **the patient is entitled** to complementation of dental gaps (subject to reimbursement if there are 5 or more teeth missing per jaw) and **supply of a toothless jaw** with application of mobile partial or complete acrylic prosthetics once every five years. Prosthetic repair and/or relining is granted once every two years. The entitlement for new or repaired teeth prosthetics has been verified since 1 January 2011.

The list of healthcare providers of the Lublin Voivodeship Branch of the National Health Fund providing healthcare services as from 1 July 2014 in the field of dental service can be found on the website [www.nfz-lublin.pl](http://www.nfz-lublin.pl) – section: Immediate dental care.

### 4. HOSPITAL TREATMENT

The patient is entitled to select any hospital contracted with the National Health Fund within the territory of Poland. Hospital treatment is conducted on the basis of a physician's referral (not necessarily a health insurance physician) if the treatment objective cannot be attained through ambulatory treatment.

#### **Important:**

- **In an emergency** (i.e. a condition when the delay of medical assistance may result in health loss or death), healthcare services are provided without the required referral;
- If it is impossible to admit the patient to the hospital on the day of application, the patient is entered onto a **waiting list**,

---

<sup>2</sup> Regulation of the Minister of Health of 6 November 2013 on guaranteed benefits in the field of dental treatment (Journal of Laws of 2013, item 1462).

in the case of health deterioration, the patient should inform the physician in order to evaluate the possibility of providing the service at an earlier time;

- In the case of circumstances which could not have been foreseen at the time of appointing the time of admission for treatment, the healthcare provider informs the patient of the new service provision time in any way possible;
- **Patients entitled to receive priority healthcare services include** Distinguished Honorary Blood Donors, Distinguished Organ Donors, disabled war veterans, disabled military men, combatants, eligible soldiers and military staff, and injured veterans suffering from injuries and diseases received or contracted during operations abroad;
- **If the patient is qualified for hospital treatment**, and particularly for planned operational treatment – the hospital performs the diagnostic examinations and consultations necessary for hospital treatment;
- **A patient admitted to a hospital** is ensured free pharmaceuticals and medicinal products necessary to perform the service,
- **During the patient's hospital stay, the PHC physician** cannot issue orders for auxiliary or orthopaedic measures, including incontinence briefs, or prescribe medication,
- **The costs** of performing the necessary laboratory examinations, image diagnostics, therapeutic products and medical products during the provision of the services are covered by the healthcare provider;
- Following the completion of hospital treatment (also in the case of services provided in a hospital emergency ward or reception room), the patient should receive an information card and, appropriately to the existing situation: referrals for the services recommended on the information card, prescriptions for pharmaceuticals and orders for auxiliary and orthopaedic measures listed on the information card, and orders for transport in compliance with separate regulations.

## 5. THERAPEUTIC REHABILITATION

**The physical-therapy referral is valid for 30 days.** The referral expires if it is failed to be registered in a rehabilitation office/institute within 30 days of its issue.

### **Rehabilitation in ambulatory conditions**

The referral to the rehabilitation clinic and physiotherapeutic treatments is issued by a health insurance physician (including a PHC physician).

A patient is entitled to physical therapy, provided in therapeutic cycles of up to 10 days of treatment, with no more than 5 procedures per day.

Referral to physical therapy connected with the treatment of the locomotor system dysfunction, resulting from bad posture is issued (directly for treatment) by medical specialists in:

general rehabilitation or medical rehabilitation, or locomotor system disorder rehabilitation, or orthopaedic surgery or general surgery, or trauma and orthopaedic surgery, or orthopaedics and locomotor-system traumatology, or a medical doctor with I-degree specialisation in orthopaedic surgery or trauma and orthopaedic surgery, or orthopaedics and traumatology or locomotor-system rehabilitation, or general rehabilitation, or medical rehabilitation, or a medical specialist in training in medical rehabilitation or orthopaedics and locomotor-system traumatology (for children referrals - corresponding child specialists).

In the referral to the outpatient physical therapy cycle, the referring doctor specifies the underlying reason for referral, while also indicating the diagnosis and disorder classification code, description of the locomotor-system dysfunction, neurological impairment or any other reason for the referral, as well as type of recommended treatment, including the specification of the body part(s) or side(s) (right or left) and the number of individual procedures within the cycle, in accordance with the terminology provided in the *Directory of physical-therapy procedures*, and procedure parameters and any disease history and co-morbidities, including the information such as the presence of a pacemaker implant or any metal parts in the patient's body which could have a serious impact on the rehabilitation process.

**Systemic rehabilitation in centre or day-ward conditions** – services provided to patients unable to undergo rehabilitation in ambulatory conditions due to their health, but do not require 24-hour medical supervision.

Systemic rehabilitation covers the following: medical counselling, services in the field of neuropsychology, speech therapy, psychotherapy, physiotherapeutic treatments.

The eligibility for this form of treatment is determined by the doctor in the medical centre or ward on the basis of the referral, current medical records and health evaluation. Systemic rehabilitation provided to any beneficiary in a day-ward or centre is 15-30 treatment days, with an average of 5 physical-therapy procedures a day.

**Systemic rehabilitation in stationary conditions:**

a) **rehabilitation** in stationary conditions - 24-hour services provided to patients requiring complex rehabilitative activities and at least 24-hour nursing supervision. Designed for the following patients: post-injury, post-operation, or with intensification of chronic diseases.

The referral should be provided with current medical records (or their copies) to confirm the diagnosis.

The recommendation for systemic rehabilitation in stationary conditions is performed by the physician of the rehabilitation ward, following evaluation of health and on the basis of medical documentation as at the day of admission.

The rehabilitation may take up to 6 weeks, with an average of 5 types of procedures a day per each patient.

The rehabilitation is to be carried out 6 days a week in morning and afternoon cycles, with an average of 5 procedures a day per each patient;

## 6. MEDICAL DEVICE SUPPLY

The basis for obtaining reimbursed medical devices is an order issued by a physician authorised to issue orders, or a health insurance paramedic. Prior to its fulfilment, each order for medical devices is subjected to registration and confirmation by the Fund Branch in which the patient is registered. For this purpose, the parties insured in the Lublin Voivodeship Branch of the Fund should present the order by mail, in person, or through a third person in their name (with the exception of healthcare providers and their employees, as well as subcontractors who concluded contracts for provision of healthcare services in the form of supplying medical devices and their subcontractors) to one of the following order confirmation locations:

**Lublin:** Lublin Voivodeship Branch of the National Health Fund, 20-124 Lublin, Szkolna 16, tel. /81/ 5310608, 5310592

**Biała Podlaska:** The field office of the Lublin Voivodeship Branch of the National Health Fund, 21-500 Biała Podlaska, Warszawska 12 c, tel. /83/ 3449326, 3449315,

**Chełm:** The field office of the Lublin Voivodeship Branch of the National Health Fund, 22-100 Chełm, Ceramiczna 1, tel. /82/ 5622230, 5622231

**Zamość:** The field office of the Lublin Voivodeship Branch of the National Health Fund, 22-400 Zamość, Partyzantów 3, tel. /84/ 6776422

Order confirmation can be made Monday to Friday between 8. a.m. - 4.00 p.m.

The confirmation of collecting medical devices, with the exception of medical devices supplied on a monthly basis, is made by the patient, the statutory representative in the patient's name, or another person on the basis of the following:

- written authorisation issued by the patient, or
- certificate from a health insurance physician on the state of health of the patient, serving as the basis for issuing the authorisation.

## 7. IMMEDIATE ASSISTANCE

### Immediate assistance

The emergency service provides healthcare services in cases of accidents, injuries, childbirth, sudden incidence or sudden health deterioration causing life risk. Medical emergency service benefits are provided without referral.

Emergency service alarm number: **999**, or alarm number valid in all European Union member States: **112**

### III. ADDITIONAL INFORMATION

#### 1. SUDDEN INCIDENCE

During emergencies<sup>3</sup>, healthcare services **are provided without referral**.

**In cases of sudden incidence**, the patient is entitled to receive medical assistance in every healthcare centre contracted for the provision of healthcare services with the Fund (medical counselling and potential diagnostic examinations are free of charge).

**Should the patient decide to obtain medical counselling in a healthcare centre not contracted for the provision of services with the Fund**, the patient must be aware of the necessity to pay for the service and potential diagnostic examinations.

A healthcare centre not contracted with the Fund is entitled to remuneration only for healthcare services provided to the patients **in emergencies**. The remuneration covers only the justified costs of necessary healthcare services.

#### 2. WAITING LIST

A patient unable to receive the healthcare service on the application day is entered onto the waiting list:

- by entering the patient's information on the waiting list and providing the patient with information on the waiting period, the healthcare provider undertakes to provide the specified service;
- the patient cannot be entered on several lists simultaneously for the same counselling or treatment – one referral allows entry onto one waiting list of one healthcare provider;

---

<sup>3</sup> A state of sudden health hazard, in compliance with the Act of 8 September 2006 on National Medical Rescue (Journal of Laws No. 191, item 1410, as amended) – the state based on sudden or immediately-projected symptoms of health deterioration, with potential direct consequences of serious organism functionality damage or bodily harm or death, requiring immediate medical rescue and treatment actions.

- the order of patient admissions, with the exception of beneficiaries in an urgent condition, is decided by the following medical criteria<sup>4</sup>:
  - “urgent case” – if there is need of urgent provision of the service due to the dynamics of the illness process and potential of rapid health deterioration or a significant reduction in the chance to return to health;
  - “stable case” - if the patient is able to wait for the healthcare service;
- in the case of health deterioration indicating the need to provide the service at an earlier time than that defined, the patient informs the healthcare provider of this fact in order to evaluate the medical recommendations for the earlier provision of the service.
- if it is impossible to keep to the deadline for providing specialist counselling or hospital admission to the patient, the healthcare institution is obliged to inform the patient of the change in the time of providing the service and its reasons in any possible way.

The information on the number of waiting patients and the average time of waiting for the provision of the healthcare service submitted by the healthcare providers contracted to the Fund is published on the websites of the individual voivodeship branches of the National Health Fund.

The information on the waiting time for the provision of healthcare services in the Lublin Voivodeship Branch of the National Health Fund is accessible under the name of “WYKAZ KOLEJEK” (waiting list) on the website: [www.nfz-lublin.pl](http://www.nfz-lublin.pl) in the “Wykaz kolejek” search engine. It can also be obtained by calling the helpline phone number: Lublin area code: 19488, other area codes 81 19488.

### **3. PHARMACEUTICALS AND REIMBURSEMENT**

The patient is entitled to be supplied with pharmaceuticals, dietary foods for special medical purposes and medical devices on the basis of a prescription issued by:

- a) a health insurance physician,
- b) a physician with whom the Fund has concluded a contract which authorises the physician to issue reimbursed prescriptions,
- c) a physician who holds authorisation to practise but suspended his professional activities, with whom the Fund has concluded a contract which authorises the physician to issue reimbursed prescriptions, in accordance with the Act of 12 May 2011 on pharmaceuticals, dietary foods for special medical purposes and medical devices (Journal of Laws No. 122, item 696 as amended), hereinafter the Reimbursement Act.

---

<sup>4</sup> The Regulation of the Minister of Health of 26 September 2005 on medical criteria suggested for healthcare providers in placing beneficiaries on waiting lists for the provision of healthcare services (Journal of Laws No. 200, item 1661).

Reimbursed pharmaceuticals are issued free of charge, under a flat rate or partial payment. The lists of reimbursed pharmaceuticals and payment types are contained in the notices of the Minister of Health. Formula pharmaceuticals prepared in pharmacies which meet the appropriate criteria are also subject to reimbursement.

**The prescription collection period:**

- cannot exceed **30 days** from the date of its issue,
- cannot exceed **7 days** from the date of its issue in the case of a prescription for **antibiotics** in the form of preparations for enteral or parenteral administration,
- cannot exceed **120 days** from the date of its issue in the case of a prescription for pharmaceuticals and dietary foods for special medical use, imported from abroad for patients under regulations defined by separate laws,
- cannot exceed **90 days** from the date of its issue in case of a prescription for immunological pharmaceuticals produced for individual patients.

**Important:**

- When issuing prescriptions for pharmaceuticals, dietary foods for special medical purposes, and medical devices, as defined in the lists specified in Art. 37 of the Reimbursement Act, the doctor specifies on the prescription, in accordance with appropriate regulations, the payment method for the pharmaceutical, dietary food for special medical purposes, or medical device. If no payment method is specified, the prescription will be collected at a maximum price specified in the lists;
- The pharmacist is obliged to inform the patient of the possibility of purchasing a different pharmaceutical from the one on the prescription **(a pharmaceutical with the same international name, dose, pharmaceutical form, which does not result in any differences in treatment, and therapeutic recommendation)**, with a retail price not exceeding the public reimbursement limit and the retail price of the prescribed drug. This does not apply to situations when the physician has made a suitable "nie zamieniać" (no replacements) note on the prescription;
- Prescription pharmaceuticals are prepared in pharmacies within 48 hours of submitting the prescription by the patient, and in case of prescriptions for formula pharmaceuticals containing intoxicants or marked as "provide immediately" – within 4 hours;
- A pharmacy can refuse to provide the medicinal product or medical device if:

- the authenticity of the prescription or demand raises reasonable concerns;
- at least 6 days have passed since the day the preparation of a prescription drug or a drug prepared on the basis of a pharmacy ticket;
- the age of the prescription recipient raises reasonable concerns

#### **4. SUBMISSION OF COMPLAINTS AND SUGGESTIONS**

Complaints and suggestions may be submitted to the in written or oral form on the record. Complaints are collected by the healthcare providers and the Lublin Voivodeship Branch of the National Health Fund. If the complaint concerns the incompetent action of a healthcare institution employee, intervention should be made directly at the level of the superior; in the case of a hospital: the head physician of the ward, in the case of a clinic: the supervisor. The patient may also direct the complaint to the director of the healthcare centre. This is the quickest method of resolving the situation in question.

If the party submitting the complaint is not satisfied with the resolution, he/she may seek assistance from the National Health Fund Voivodeship Branch.

If the patient feels that the medical personnel made an error during the treatment process or acted contrary to professional ethics regulations, the institution authorised to examine the case is the Regional Spokesman of Professional Liability of the Medical Chamber. If there are reservations concerning the work of nurses and midwives, the patient may direct the complaint to the Regional Spokesperson of Professional Liability of the Nurse and Midwife Chamber.

The Lublin Voivodeship Branch of the National Health Fund considers complaints against the inappropriate implementation of contracts by service providers contracted by the Fund for the provision of healthcare services.

**Complaints and suggestions to the Lublin Voivodeship Branch of the National Health Fund may be submitted to:**

**The Complaint and Suggestions Division**

Koryznowej 2d, 20-137 Lublin, tel. (81) 5310650, Room 27, Monday-Friday between 8.00 a.m and 4.00 p.m.

**Complaints and suggestions may also be submitted to the following field offices of the Lublin Voivodeship Branch of the National Health Fund:**

21-500 **Biała Podlaska**, Warszawska 12 c

tel. (83) 3449326, 3449315

22-100 **Chełm**, Ceramiczna 1

tel. (82) 5622230

22-400 **Zamość**, Partyzantów 3

tel. (84) 6776406

Patients can also file complaints with the following institutions:

- **Patient Rights Ombudsman**, against any failure to respect patients' rights,  
Address: 01-171 Warsaw, ul. Młynarska 46,  
Helpline: 800 190 590;
- **Lublin Medical Chamber, Regional Screener for Professional Liability**, against the violation of any regulations on the profession of medical doctor or professional conduct,  
Address: 20-079 Lublin, ul. Chmielna 4, tel. (81) 536 04 76;
- **Regional Chamber of Nurses and Midwives, Screener for Professional Liability**, against the violation of any regulations on the profession of nurse and midwife,  
Address: 20-072 Lublin, ul. Czechowska 3a, tel. (81) 536 67 50; and
- **General Inspector's Office for the Protection of Personal Data**,  
Address: 00-193 Warsaw, ul. Stawki 2, tel. (22) 860 70 86.

#### IV. IMPORTANT TELEPHONE NUMBERS/ADDRESSES

##### **The Lublin Voivodeship Branch of the National Health Fund headquartered in Lublin**

20-124 Lublin, Szkolna 16

Office tel. (81) 5310500 do 502, fax. 5310528

Director's Office tel. (81) 5310504, fax. 5310529

The Associate Director for Medical Affairs tel. (81) 5310510, fax. 5310529

The Associate Director for Economic and Financial Affairs tel. (81) 5310510, fax. 5310529

The Associate Director for Uniformed Services Affairs tel. (81) 5310510, fax. 5310529

Complaints and Suggestions Division tel. (81) 5310650;

20-137 Lublin, ul. Koryznowej 2d, Room 27

**Helpline:** Lublin area code 19488,

Other phone area codes 81 19488

Free "Waiting List Helpline" 800 804 003

##### **Health Resort Treatment Division**

20-137 Lublin, Koryznowej 2d  
Tel./fax. (81) 7483657

**Field offices:**

21-500 Biała Podlaska, Warszawska 12c

Office tel. (83) 3449300, fax. 3449321

22-100 Chełm, Ceramiczna 1

Office tel. (82) 5622200, fax. 5622201

22-400 Zamość, Partyzantów 3

Office tel. (84) 6776400, fax. 6776421

Visit our website

<http://www.nfz-lublin.pl>

e-mail: [info@nfz-lublin.pl](mailto:info@nfz-lublin.pl)

**National Health Fund – Head Office**

Grójecka 186; 02-390 Warsaw

Tel. (22) 572 60 00, fax. (22) 572 63 33

<http://www.nfz.gov.pl>

**Ministry of Health**

ul. Miodowa 15; 00-952 Warsaw

Tel. (22) 634 96 00 telephone central – telephone operator

Tel. (22) 644 9 + extension – direct telephone

<http://www.mz.gov.pl>

**Patient Rights Ombudsman's Office**

ul. Młynarska 46; 01-171 Warsaw,

<http://www.bpp.gov.pl>

Spokesperson's Helpline: tel. 800 190-590 (Mon. - Fri. between 9.00 a.m. – 9.00 p.m.)

e-mail: [bpp.gov.pl](mailto:bpp.gov.pl)