Access to Health Care during a temporary stay in the Slovak Republic

1. Health Care in the Slovak Republic

Health care in the Slovak Republic is provided by public and private health care providers (physicians, dentists, hospitals, pharmacies etc.).

Health care is provided on the basis of the public (obligatory) health insurance. Accordingly everyone has the right for health care provision, for drugs and for medical devices free of charge in principle. In some certain cases (dentistry, drugs) the participation or full payment of patient on expenses on health care has been assigned by law.

There are small fees for the services regarding the health care provision. Public and private health care providers generally conclude the contracts with the health insurance companies. However, there are some providers with no contract with health insurance companies. **The health insurance companies reimburse the health care provided just by the health care providers who have concluded the contract with them.**

There are 3 health insurance companies in the Slovak Republic:

General Health Insurance Company, Inc.
**Všeobecná zdravotná poisťovňa, a. s.**
[www.vszp.sk](http://www.vszp.sk)

Health Insurance Company Dôvera, Inc.
**DÔVERA zdravotná poisťovňa, a. s.**
[www.dovera.sk](http://www.dovera.sk)

Union Health Insurance Company, Inc.
**Union zdravotná poisťovňa, a. s.**
[www.unionzp.sk](http://www.unionzp.sk)

All of them are joint stock companies governing public resources and function in the whole of territory of the Slovak Republic. Everyone has the right to choose the health insurance company. Listed health insurance companies are also defined as the institutions of the place of residence and stay. Directory of departments and braches can be found on their websites.

2. Access to health care in the Slovak Republic during temporary stay

In case of need the insured person of the Member State has the right for the health care provision at the selected contract health care provider. Information on the contract health care providers shall be supplied by the health insurance company.

There is the direct access to the health care provider (the previous registration of the citizen in the health insurance company is not needed) generally with the presentation of European Health Insurance Card (EHIC). If the insured person does not present an EHIC s/he has to pay in cash. Payment in cash is also requested in the case of treatment provided by non-contract physician.

**Out-patient health care – out-patient medical treatment**

In case of need of out-patient medical treatment there is the direct access to the contract physician of the primary care (information on the contract physicians shall be supplied by each of the health insurance companies). It is necessary to present EHIC. It is also necessary to choose one of the three health insurance companies to which the physician will charge for the health care provided. **The physician will provide necessary health care which is requested with respect to the actual health status and taking into account the length of stay in the Slovak Republic.** Patient does not generally pay for health care provided.
From 1 April 2013, if the out-patient medical treatment of specialist is needed, the referral of primary care physician is requested. Patient for health care provided by the specialist generally does not pay.

**Dental health care - outpatient dental care**

In case of need of out-patient dental treatment there is the direct access to the contract dentist (information on the contract dentists shall be supplied by each of the health insurance companies). It is necessary to present EHIC and to choose one of the three health insurance companies to which the dentist will charge for the health care provided. The dentist will provide necessary health care which is requested with respect to the actual health status taking into account the length of stay in the Slovak Republic. Only treatment of dentist with the use of standard materials is reimbursed by the public health insurance. If you are interested in health care using the above-standard materials, you will pay the price difference between standard and above-standard materials. Price of above-standard material is determined by each dental ambulance itself. Therefore the price for dental treatment and prosthetics varies in different clinics. The dentist is obliged to inform the patient in advance on the expenses for services with the patient participation and on the expenses of direct payment and in what amount.

**In- patient health care**

In case of need of hospitalization the referral of general practitioner is requested. If immediate hospitalization is requested the referral of general practitioner is not needed. It is necessary to present EHIC. If the patient does not have EHIC it is necessary to present the Certificate provisionally replacing EHIC. The institution of the place of stay selected by the patient additionally applies for the Certificate provisionally replacing EHIC - one of the three health insurance companies to which the hospital will charge for health care provided. If the patient’s health status does not enable to choose the health insurance company, the selection will be carried out by hospital. In-patient health care and drugs are free of charge.

**Transport of health care provision**

The carrier charges 0.07 € per one km of drive for the provision of transport service related to the provision of health care. The payment is paid directly to the carrier after the ending of transport.

If emergency (life-saving) health service transport is requested there is no fee.

**Drugs and medical device**

If the sickness needs the usage of drugs/medicines or the usage of medical devices the general practitioner prescribes the prescription. Drugs and medical devices can be obtained in any of the pharmacies in Slovakia (there are more than one thousand pharmacies in Slovakia). The pharmacy is obliged to deliver the prescribed drug. It does not make any difference either it is the contract or non-contract pharmacy. Drugs are divided into three categories by competent law:

- medicines for the full payment of health insurance company
- medicines for partial payment of health insurance company and with the co-payment of the patient
- medicines for the full payment of the patient.

The physician who prescribes the prescription is obligated to inform on the category of the drug. When the category with the cost-sharing of the patient is concerned it is paid directly in the pharmacy. The pharmacy is obliged to issue the receipt of the amount of payment of the patient participation and of the co-payment. Patient does not claim for reimbursement of the cost-sharing and co-payment at the health insurance company.

**Dialysis services**

You can find a list of dialysis centres on the: www.nkm.sk

3. **Charges for services related to health care provision (co-payment of patient)**

**Accompanying person in the hospital**

A service related to providing of health care is a stay of an **accompanying person** at the hospital. The accompanying person pays € 3.32 per day, the first and last days count as one day.

Free stay of the accompanying person:

- accompany to the child under the three years of age,
- nursing mothers with babies,
- accompany to a person under 18 years of age receiving treatment for cancer.

**Payment in pharmacy**

The pharmacy will charge you 0.17 € for statistical processing of recipe or coupon for medical device. Free of charge 0.17 € is if:
- the insured person presents the extract from prescription,
- the insured person presents the prescription for drugs or dietary foods, which are fully paid by insured person,
- the prescription is for vaccines marked by "V" issued on one prescription.

**Payment on emergency room**

In the case of need of emergency unit (Medical First Aid or Hospital Emergency Service) in the hospital there is a fee 1.99 €. If it found necessary to keep the patient in the in-patient care in the hospital after examination, the charge 1.99 € doesn't apply.

**Payment for transportation**

The charge for the 1 km of transport by ambulance care is 0.07 €.

This charge doesn't apply if the insured person:
- is included in chronic dialysis or a transplant program,
- is provided by cancer or cardio-surgical treatment,
- with severe disabilities is dependent on the transport by personal motor cars,
- is transported from one hospital to another on the basis of the decision of the hospital.

**4. For what not to pay**

- For the medical material in the neither ambulance nor hospital (such as needles, syringes and bandages).
- General practitioner for children and adolescents, general practitioner for adults, gynaecologist and dentist with contract with the health insurance company has no right to request payment from the insured person for the establishment and management of health records.
- The pharmacy may not require fee € 0.17 per prescription if the insured person is paying the full price of the medicinal product.
- If health care institution continues to require payment for outpatient treatment or in-patient treatment or if you believe that such institution claims you from unauthorized payments, you can complain. You can turn for help to:

  - Banská Bystrica Self Governing Region, [www.vucbb.sk](http://www.vucbb.sk)
  - Bratislava Self Governing Region, [www.region-bsk.sk](http://www.region-bsk.sk)
  - Košice Self Governing Region, [www.vucke.sk](http://www.vucke.sk)
  - Nitra Self Governing Region, [www.unsk.sk](http://www.unsk.sk)
  - Prešov Self Governing Region, [www.po-kraj.sk](http://www.po-kraj.sk)
  - Trenčín Self Governing Region, [www.tsk.sk](http://www.tsk.sk)
  - Trnava Self Governing Region, [www.trnava-vuc.sk](http://www.trnava-vuc.sk)
  - Žilina Self Governing Region, [www.regionzilina.sk](http://www.regionzilina.sk)

**5. Remember**

- The fee for emergency services (outpatient and inpatient): 1.99 €
- The fee for the prescribed drugs in the pharmacy: 0.17 € (per prescription)
- The fee for the prescribed medical device on the voucher: 0.17 €
- Transportation (except emergency): 0.07 € / km

**6.WARNING Mountain Rescue Service**
According to the Act on the mountain rescue service every person in the mountainous area has an obligation to pay the mountain service costs associated with:

searching and rescuing person in distress, provision of first aid in emergency, transport to the nearest transport facility of the health institution or to the health institution.

These costs may reach the sum of thousands of EUR. For this reason we recommend to take out a commercial insurance policy for the "Insurance costs for the mountain rescue service."

List of some commercial insurance companies:

**Generali**

**UNION**

**Allianz**
http://www.allianzsp.sk/horska_sluzba