



If you are covered with compulsory health insurance within the European Union, Iceland, Liechtenstein, Switzerland or Norway, you are entitled to healthcare service provision in any of these countries, including Lithuania.

Cross-border health care establishes the right for EU citizens to seek healthcare in any of the above mentioned countries and **to seek reimbursement in the country where they are insured for any expenses incurred during healthcare provision.**

- Compensation shall be paid out by the competent authority of the country where you are insured

Suppose you live and have compulsory health insurance in Ireland. In such a case, if you decide to consult a medical professional in Lithuania, you will have to pay for the professional consultation. Upon returning to Ireland you will have to submit health care invoices to the Irish Patient Fund claiming reimbursement.

- You are entitled to reimbursement only of the healthcare service expenses and only on the [basis of the tariffs](#) as established in the country where the person is insured.

E.g., you go from Lithuania to a private clinic in Germany to seek a professional medical opinion. Suppose, a professional opinion of a Lithuanian medical specialist working in this area is 30 Euros whereas in Germany a public clinic charges EUR 80 and a private clinic will send you an invoice of 150 Euros. Upon submission of your application and all the relevant documents certifying your expenses to the Territorial Patient Fund, the reimbursable amount will be 30 Euros. You can address both public and private clinics. You will just need to pay a higher amount and be aware that the price difference between the tariffs established in the country and the amount paid will not be reimbursed.

Some member states of the European Union choose to implement the provisions of Cross Border Healthcare Directive by establishing a system of prior authorization, that is, before going to another country for treatment, it is important to find out in which cases you need to obtain a [prior authorization](#) to receive the services you have chosen. You can find out this information in the institutions responsible for the implementation of health insurance in the country where you are insured. [Read more](#)

European Union regulations determine that if **a person insured by public (compulsory) health insurance in one member state** cannot get the needed healthcare services in the country in which he is covered by compulsory healthcare insurance, then with the prior authorization of his competent institution **(form E112 or portable document S2)** he **can travel to another country of the European Union, Iceland, Norway, Liechtenstein, or Switzerland and get the appropriate healthcare services in**

one of these countries.

Form E 112 (portable document S2) is a document certifying that the holder is entitled to receive certain state-provided healthcare services in any of the European Union member states, Iceland, Lichtenstein, Norway or Switzerland, under the same conditions and at the same cost (free in some countries) as people insured in that country. [Read more](#)

If you work in one country while you are insured in another then you are insured in the former one and have the right for medical treatment there. In order to register at the healthcare system of your country of residence you have to present the form S1 (formerly - E106). This form gives you and your dependents the right to get medical treatment in the host country as if you were insured here. It is very relevant for women who come to Lithuania to give birth and grow their baby.

If you are arriving from a non-EU country

Lithuanian nationals and foreigners who live in non-EU countries (the USA, Canada, Russia, Israel and others), declare their place of residence and work there, cannot get medical treatment free of charge in Lithuania and have to pay for it. Before coming to Lithuania they must get a private health insurance for the duration of their stay in Lithuania. Only then they will be able to ask for a reimbursement for the received medical treatment from the insurance company.

Source: [National Health Insurance Fund](#)