



Cross-border healthcare in the EU under social security coordination

Reference year 2024

Frederic De Wispelaere, Lynn De Smedt, and Jozef Pacolet – HIVA-KU Leuven
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E-mail: EMPL-E2-UNIT@ec.europa.eu

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Glossary

Basic Regulation: Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems.

Implementing Regulation: Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems.

The Directive: Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.

Competent Member State: The Member State in which the institution with which the person concerned is insured or from which the person is entitled to benefits in cash is situated.

Member State of affiliation under the Directive: The Member State competent to grant a prior authorisation under the Regulations.

Lump sum Member States: Member States claiming the reimbursement of the cost of benefits in kind on the basis of fixed amounts.

Annex 3 of Regulation (EC) No 987/2009: Member States claiming the reimbursement of the cost of benefits in kind on the basis of fixed amounts: Ireland, Spain, Cyprus, Portugal, Sweden, the United Kingdom, and Norway.

Annex IV of Regulation (EC) No 883/2004: More rights for pensioners returning to the competent Member State granted by Belgium, Bulgaria, Czechia, Germany, Greece, Spain, France, Cyprus, Luxembourg, Hungary, the Netherlands, Austria, Poland, Slovenia, Sweden, Iceland, and Liechtenstein.

European Health Insurance Card (EHIC): The EHIC proves the entitlement to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

Portable Document (PD) S1: The PD S1 allows a person to register for healthcare if (s)he resides in an EU country, the United Kingdom, Iceland, Liechtenstein, Norway or Switzerland but (s)he is insured in a different one of these countries.

Portable Document (PD) S2: The 'Entitlement to scheduled treatment' certifies the entitlement of the insured person to receive a planned health treatment in a Member State other than the competent Member State.

EU-27: Belgium (BE), Bulgaria (BG), Czechia (CZ), Denmark (DK), Germany (DE), Estonia (EE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Croatia (HR), Italy (IT), Cyprus (CY), Latvia (LV), Lithuania (LT), Luxembourg (LU), Hungary (HU), Malta (MT), the Netherlands (NL), Austria (AT), Poland (PL), Portugal (PT), Romania (RO), Slovenia (SI), Slovakia (SK), Finland (FI), and Sweden (SE).

EU-14: Belgium (BE), Denmark (DK), Germany (DE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Italy (IT), Luxembourg (LU), the Netherlands (NL), Austria (AT), Portugal (PT), Finland (FI), and Sweden (SE).

EU-13: Bulgaria (BG), Czechia (CZ), Estonia (EE), Croatia (HR), Cyprus (CY), Latvia (LV), Lithuania (LT), Hungary (HU), Malta (MT), Poland (PL), Romania (RO), Slovenia (SI), and Slovakia (SK).

EFTA countries: Iceland (IS), Liechtenstein (LI), Norway (NO), and Switzerland (CH).

EU/EFTA movers: EU or EFTA citizens who reside in an EU or EFTA country other than their country of citizenship.

Member State: The notion is used in this report to indicate the 27 countries belonging to the European Union (EU) in reference year 2024, the European Economic Area (EEA), Switzerland, and the United Kingdom (UK).

Cross-border workers: persons who work in one EU Member State but reside in another.

Introduction

Cross-border healthcare within the EU can be defined as a situation in which the insured person receives healthcare in a Member State¹ other than the Member State of insurance (i.e., competent Member State). Three cross-border healthcare situations are regulated under the Social Security Coordination Regulations². (1) There is unplanned necessary cross-border healthcare when necessary and unforeseen healthcare is received during a temporary stay outside of the competent Member State. (2) Planned cross-border healthcare may be received in a Member State other than the competent Member State when patients purposely seek healthcare abroad. Finally, (3) persons who reside in a Member State other than the competent Member State are entitled to receive healthcare in the Member State of residence as if they were insured there.

Unplanned healthcare: The European Health Insurance Card (EHIC) proves the entitlement of the insured person to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

Planned healthcare: The Portable Document S2 (PD S2) certifies that the insured person is authorised to receive planned health treatment in a Member State other than the competent Member State and that the treatment will be reimbursed according to the tariffs of the Member State of treatment.

Persons residing in a Member State other than the competent Member State: The Portable Document S1 (PD S1) allows the insured person to register for healthcare in a Member State other than the competent Member State. This is typically the case for pensioners residing abroad and for cross-border workers who work in one Member State but reside in another.

This report presents administrative data covering all EU/EFTA countries and the UK.³ Insured persons have different routes at their disposal to receive cross-border healthcare in the EU and to be reimbursed (see *Figure 1*). They can seek treatment according to the rules and principles set by the Social Security Coordination Regulations, Directive 2011/24/EU,⁴ bilateral/multilateral agreements, or their own national legislation. Moreover, there can be a (partial) reimbursement by a private insurer⁵ or cross-border healthcare can occur without any reimbursement (cost entirely borne by the patient).

The figures reported in this report relate to cross-border healthcare provided under the Coordination Regulations.⁶ The report shows different cases of cross-border healthcare in the EU. For example, tourists needing unplanned necessary healthcare and using their EHIC for this purpose, people going abroad to receive planned care based on a PD S2, and finally, people living in a Member State other than the one where they work or have worked being able to use their PD S1 to access healthcare. Consequently, the number of healthcare reimbursement claims issued for unplanned cross-border healthcare is expected to show a

¹ The term "Member States" is used in this report to indicate the 27 countries belonging to the European Union in reference year 2024, the European Economic Area (EEA), Switzerland, and the United Kingdom (UK).

² Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (i.e., 'the Basic Regulation'). Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems (i.e., 'the Implementing Regulation').

³ These data were collected within the framework of the Administrative Commission. The Network would like to thank all delegations of the Administrative Commission for providing these data. Moreover, we would like to thank the Commission and the Administrative Commission for remarks, comments, and exchanges on previous versions.

⁴ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (OJ L 88, 4.4.2011, p. 45).

⁵ See, De Wispelaere, F., De Smedt, L., & Pacolet, J. (2024). *Intra-EU mobility and the use of private health insurance. Trivial or substantial?*

⁶ For data on cross-border healthcare in the EU provided under Directive 2011/24/EU see https://ec.europa.eu/health/cross_border_care/overview_en

strong correlation with the number of tourist arrivals. Furthermore, the number of PDs S1 issued to insured persons of working age will probably show a strong correlation with the number of incoming cross-border workers, and the number of refund claims that Member States receive based on a PD S1. Finally, Member States that receive a high number of retired pensioners will submit many claims for the reimbursement of cross-border healthcare based on a PD S1.

Figure 1 - 'Patient mobility' in the EU

Regulations (EC) Nos 883/2004 and 987/2009
Directive 2011/24/EU
Bilateral/multilateral agreements
National legislation
Private insurers
No reimbursement: out-of-pocket expense

One of the basic principles of the Coordination Regulations entails that the cost of healthcare provided by the Member State of stay/residence is fully reimbursed by the competent Member State, in accordance with the tariffs of the Member State of treatment and not of the competent Member State. This financing mechanism avoids a high financial burden being put on a patient receiving healthcare abroad and shifts the higher cost to the competent Member State. This is particularly important for patients coming from Member States with relatively low tariffs who obtain healthcare in a Member State with higher medical charges. Consequently, the provision facilitates the free movement of persons, strengthens the social rights of EU citizens, and is a visual reminder of the social character of the Coordination Regulations. This becomes clear in this report. However, it should be noted that reimbursement under the Coordination Regulations cannot be claimed for medical treatment provided by healthcare providers outside the public healthcare system. In contrast, the Cross-Border Healthcare Directive provides the right to treatment by public *and* private healthcare providers. The reimbursement of costs under the Cross-Border Healthcare Directive is however different from that provided for by the Coordination Regulations.

The three cross-border healthcare situations identified and regulated in the Coordination Regulations are discussed in separate chapters:

The first chapter 'unplanned necessary cross-border healthcare' presents data concerning the use of the EHIC as well as the amounts reimbursed related to necessary healthcare in kind during a temporary stay in a Member State other than the competent Member State.

The second chapter 'planned cross-border healthcare' presents data concerning the number of persons seeking planned cross-border healthcare abroad based on Portable Document S2 as well as its budgetary impact.

The third chapter 'the entitlement to and use of sickness benefits by persons residing in a Member State other than the competent Member State', presents data on the number of persons who reside in a Member State other than the competent Member State, and are entitled to receive sickness benefits in kind in their Member State of residence.

The fourth chapter presents data on the monitoring of healthcare reimbursement in Member States which have opted to claim reimbursement based on fixed amounts. The main aim of this chapter is to assess the potential impact of Directive 2011/24/EU on this type of reimbursement.

Key findings

Unplanned cross-border healthcare

* In 2024, around 256 million EHICs were in circulation, meaning that approximately 51 % of EU/EFTA/UK citizens have an EHIC;

* The total amount of unplanned cross-border healthcare under the Coordination Regulations amounted to roughly EUR 1.1 billion in 2024. The budgetary impact corresponds to just 0.1 % of total healthcare spending on benefits in kind in the EU/EFTA and the UK.

Planned cross-border healthcare

* In 2024, it is estimated that more than 60 000 PD S2 forms were issued. This means that fewer than 10 out of 100 000 insured persons in the EU/EFTA and the UK received a PD S2;

* The total amount of planned cross-border healthcare under the Coordination Regulations was less than EUR 200 million in 2024 (excluding Luxembourg). The budgetary impact represented only 0.02 % of total healthcare spending on benefits in kind in the EU/EFTA and the UK.

Residing in a Member State other than the competent Member State

* In 2024, roughly 2.3 million persons resided in a Member State other than their competent Member State and were registered for healthcare in their Member State of residence by means of a PD S1. On average, this corresponds to 0.5 % of insured persons;

* The total spending on cross-border healthcare for persons residing in a Member State other than their competent Member State amounted to roughly EUR 3.2 billion in 2024, or 0.3 % of total healthcare spending on benefits in kind in the EU/EFTA and the UK.

Chapter 1
Unplanned necessary
cross-border healthcare

Summary of main findings

When a person needs necessary unplanned healthcare while temporarily staying abroad, the European Health Insurance Card (EHIC) comes into play. It acts as a proof of entitlement for insured persons and their family members who are staying in a Member State (i.e., ‘the Member State of stay’) other than the one in which they are insured (i.e., ‘the competent Member State’) and who need healthcare. When unplanned healthcare is necessary while temporarily staying abroad for reasons of work, holiday, study etc., the patient should present the EHIC to the public healthcare provider. Consequently, this card guarantees that the patient is treated on equal grounds with insured patients in the Member State of treatment.

As there were some 256 million EHICs in circulation in 2024, around 51 % of the EU/EFTA/UK citizens⁷ are currently in possession of an EHIC. Consequently, the Coordination Regulations are of high importance for EU/EFTA/UK citizens when they move between Member States, be it for work or for private reasons. However, the share of insured persons with an EHIC differs greatly between Member States as a result of the different application and issuing procedures and the validity period of the card, applied by the competent Member State. For instance, in some Member States the EHIC is issued automatically causing the coverage rate to reach (almost) 100 %, whilst other Member States issue it on request. Moreover, the validity period, which ranges from a few months to 20 years, and the mobility of insured persons and their awareness of their cross-border healthcare rights influence the coverage rate as well.

The issuing procedure and the validity period, as well as the ways in which Member States raise awareness concerning the EHIC have remained rather rigid over the years. In most Member States, the EHIC can be requested electronically via the internet or at the desk of the competent institution. In recent years, several Member States also introduced a mobile application for requesting the EHIC. Moreover, the Single Digital Gateway Regulation requires Member States to ensure that citizens and businesses can access and complete several administrative procedures fully online and receive the output electronically by 12 December 2023. One of these procedures relates to the application for the EHIC.⁸

The ways in which Member States try to raise awareness of the EHIC, both concerning insured persons and healthcare providers, does not change significantly from year to year. Traditional approaches are used, such as press release, TV, radio, leaflets, lectures, etc., as well as more modern approaches such as social media. Most often, Member States refer to information which can be found on a website.

Healthcare provided in the Member State of stay is reimbursed by the competent Member State in accordance with the rates of the Member State of stay. This can happen in two different ways: either the reimbursement claims are settled between the Member State of stay and the competent Member State, or the claims are settled between the competent Member State and the insured person. The reported data show that more than nine out of ten of the reimbursement claims for unplanned necessary treatment are settled through the first manner. This indicates a widespread and routinized payment and reimbursement procedure following the use of the EHIC.

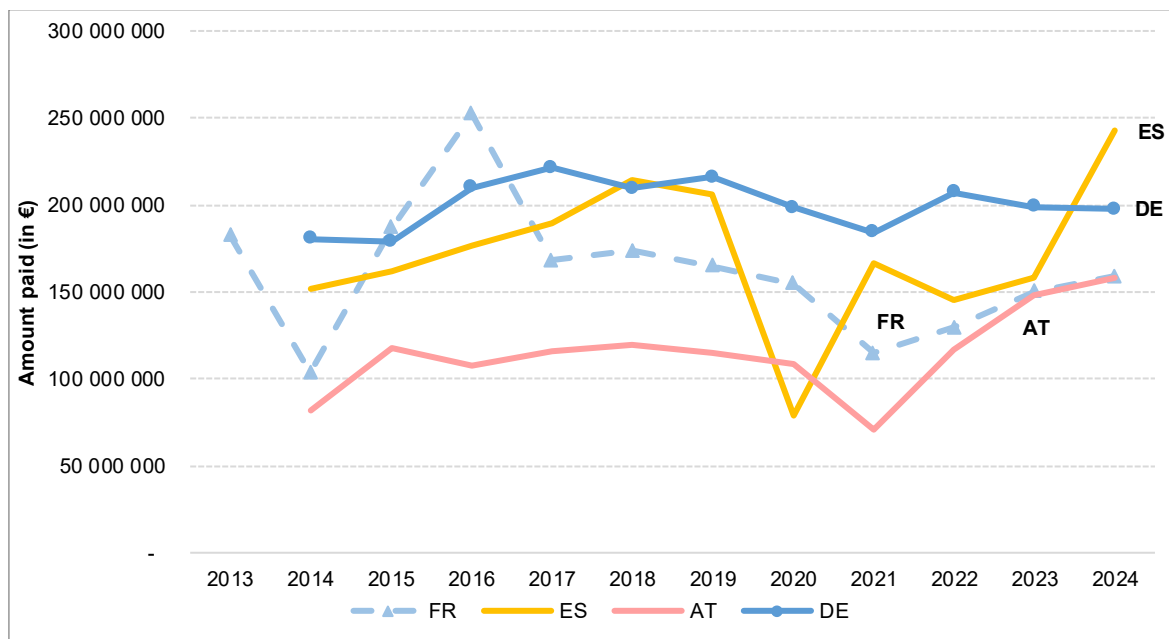
In 2024, the total amount of unplanned necessary cross-border healthcare under the Coordination Regulations amounted to roughly EUR 1.1 billion. From the perspective of the Member State of treatment, the highest amounts of reimbursement were received by Spain

⁷ There are around 530.5 million citizens in the EU-27, EFTA, and UK in 2023. (Eurostat [\[DEMO_PJANI\]](#))

⁸ See also [the Communication of the Commission on digitalisation in social security coordination: facilitating free movement in the Single Market \(COM\(2023\) 501 final\)](#).

(EUR 243 million), Germany (EUR 198 million), France (EUR 159 million), and Austria (EUR 158 million). Only Belgium, Greece, Spain, Malta and Austria claimed an amount higher than 0.2 % of total healthcare spending related to benefits in kind.

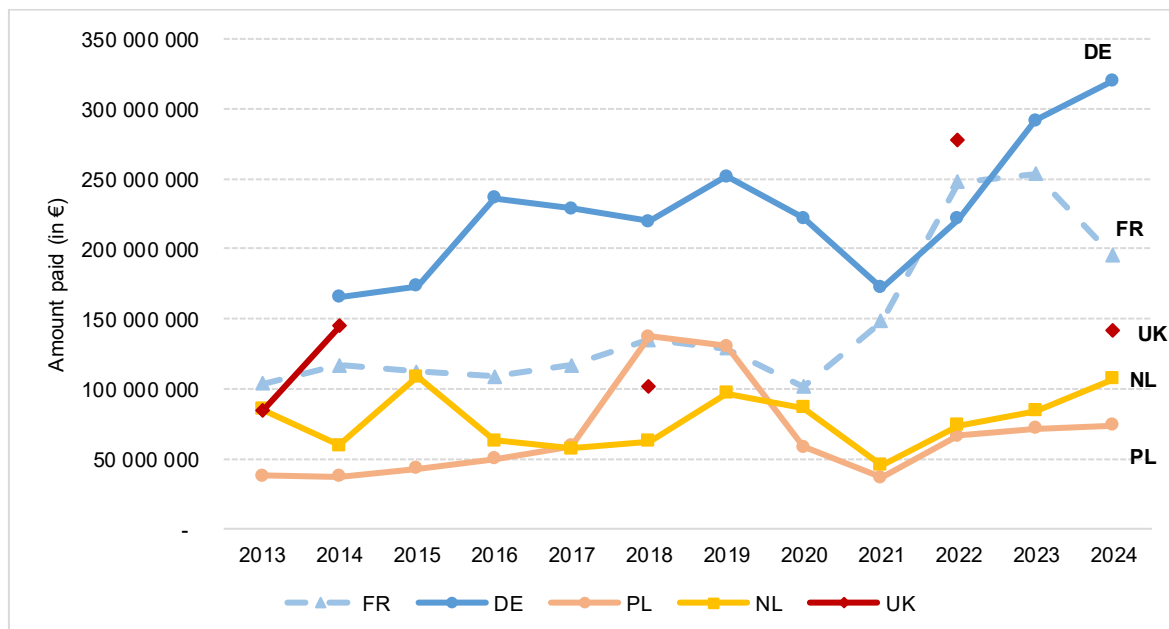
Figure 2 - Reimbursement received by the Member State of treatment, amount received in €, main Member States of treatment, 2013-2024



Source: Administrative data EHC Questionnaire 2025 and previous years

It also possible to consider the perspective of the competent Member State (Figure 3). In 2024, Germany (EUR 320 million), France (EUR 194.8 million) and the UK (EUR 141 million) reimbursed the highest amounts for unplanned necessary cross-border healthcare in the EU/EFTA or the UK. Only Lithuania, Latvia, Slovakia and Romania showed a cross-border expenditure of more than 0.4 % of total healthcare spending related to benefits in kind.

Figure 3 - Reimbursement paid by the competent Member State, amount of claims claimed/paid in €, main competent Member States, 2013-2024



Source: Administrative data EHC Questionnaire 2025 and previous years

1. Introduction

If a person needs unplanned necessary healthcare while temporarily staying abroad (i.e., outside the competent Member State where the person is insured), a situation of cross-border healthcare occurs. In this case, the European Health Insurance Card (EHIC) comes into play. This card proves that a person is an 'insured person' within the meaning of the Basic Regulation and that the holder has to be treated on the same terms as the persons insured in the statutory health care system of the Member State of stay.

It is in the competence of Member States to determine what tariffs or co-payment, if any, apply for a healthcare treatment. EU law does not restrict Member States in that regard, other than the requirement that all persons covered by the Coordination Regulations must be treated equally. This means that if the insured persons of a given Member State must pay, the persons seeking treatment with the EHIC must pay too; and if the former receive reimbursement, patients showing an EHIC are to be reimbursed as well according to the same tariffs. In cases where the national healthcare systems require payment for medical care which are reimbursable by the health insurers, the persons using an EHIC can claim reimbursement either in the country of stay while they are still there or in the country where they are insured, i.e., the competent Member State once they have returned.

This chapter presents data concerning the use of the EHIC and information about the amount of reimbursements related to unplanned necessary cross-border healthcare for reference year 2023.⁹ The quantitative and qualitative data presented in this chapter provide important information about the application of the Coordination Regulations. Moreover, they present valuable information about the potential impact of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare.

⁹ In total, 29 Member States were able to provide data, while for three Member States (BE, CY, and IS) data were not received. For these Member States, data from previous reference years are used when available. This is always mentioned in a footnote.

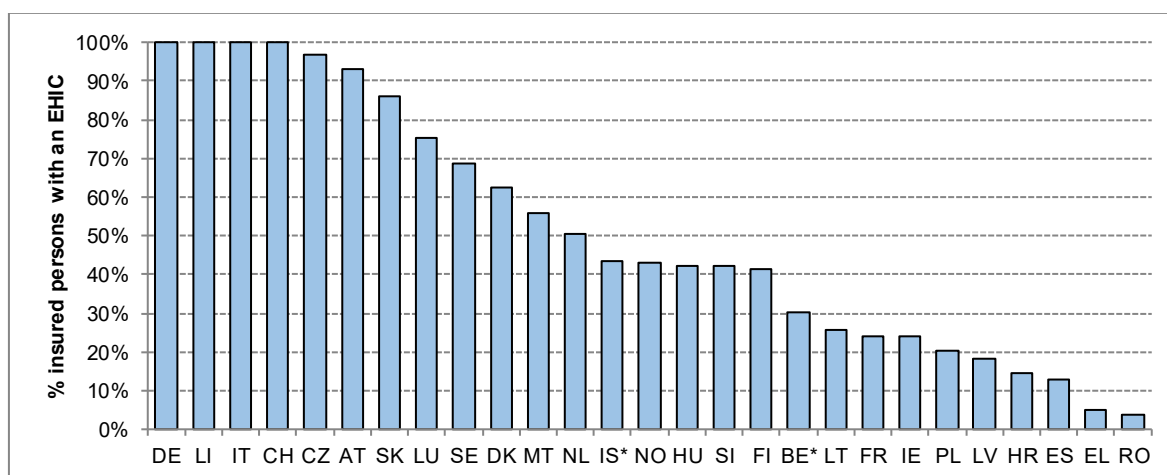
2. The number of EHICs issued and in circulation

Table 1 gives an overview of the number of EHICs and PRCs issued in 2024, as well as the number of EHICs in circulation, meaning valid EHICs. Furthermore, the number of insured persons was requested to put the numbers into perspective. An estimated number of 256 million EHICs were in circulation in 2024.

The share of insured persons with an EHIC varies greatly between the different Member States, ranging from 4 % in Romania to (almost) 100 % in Germany, Liechtenstein, Italy, Switzerland, Czechia, and Austria (Figure 4). In the latter group of Member States, the EHIC is mostly issued automatically.¹⁰ For instance, in Germany, it is generally shown on the back of the national health insurance card. Lower coverage rates are influenced by application procedures, the validity period, the mobility of insured persons and their awareness of their cross-border healthcare rights.

Paragraph 5 of the Administrative Commission (AC) Decision No S1¹¹ of 12 June 2009 concerning the EHIC states: “When exceptional circumstances¹² prevent the issuing of a European Health Insurance Card, a Provisional Replacement Certificate (PRC) with a limited validity period shall be issued by the competent institution. The PRC can be requested either by the insured person or the institution of the State of stay”. In absolute figures, France (1.8 million), Denmark (1.5 million)¹³, Spain (1.1 million), and Slovenia (665 000) issued the highest number of PRCs. When comparing the number of PRCs issued to the number of EHICs circulation (see last column of Table 1), especially Denmark, Greece, Spain, and Slovenia stand out with a value of over 15 %.

Figure 4 - Percentage of insured persons with an EHIC, 2024



* BE: data 2021. IS: data 2019.

Source: Administrative data EHIC Questionnaire 2025

¹⁰ For instance, in CZ, the EHIC is issued and sent automatically when there is a new insured person or before the end of validity of the old card. In DE, the EHIC is usually integrated on the back of the national health insurance card. In AT, in principle, the EHIC is issued automatically with the national e-card.

¹¹ Decision S1 of 12 June 2009 concerning the European Health Insurance Card, C 106, 24/04/2010.

¹² “Exceptional circumstances may be theft or loss of the European Health Insurance Card or departure at notice too short for a European Health Insurance Card to be issued” (Recital 5 of Decision No S1 of 12 June 2009 concerning the European Health Insurance Card).

¹³ When a Danish insured person applies for the EHIC electronically, a PRC is issued and sent by secure digital post to the insured person. The PRC covers the period until the person receives the EHIC (plastic card).

Table 1 - The number of EHICs and PRCs issued, 2024

MS	Number of EHICs issued	Number of PRCs issued (A)	Total number of EHICs in circulation (B)	Number of insured persons (C)	% Insured persons with an EHIC (B/C)	Ratio EHIC in circulation compared to PRC issued (A/B)
BE*	3 076 160	32 658	3 493 313	11 499 246	30.4 %	0.9 %
BG	162 142	3 402	358 007			1.0 %
CZ	App. 1 million	17 698	App. 10 500 000	10 855 954	96.7 %	0.2 %
DK*	1 537 711	1 510 570	3 630 559	5 800 000	62.6 %	41.6 %
DE**	n.a.	n.a.	74 567 684	74 567 684	100.0 %	
EE	143 984	86 784	n a	1 285 514		
IE	476 985	66 896	2 008 100	8 367 083	24.0 %	3.3 %
EL	492 113	260 536	439 163	8 771 336	5.0 %	59.3 %
ES	3 536 635	1 101 458	6 752 102	51 773 848	13.0 %	16.3 %
FR	6 368 348	1 821 816	17 593 570	72 733 569	24.2 %	10.4 %
HR	233 995	37 792	591 242	4 068 054	14.5 %	6.4 %
IT**	n.a.	Around 8-10 000	60 000 000	60 000 000	100.0 %	
CY*	55 926	31	n.a.	820 000		
LV	135 847	1 133	421 848	2 301 749	18.3 %	0.3 %
LT	261 545	32 676	765 904	2 991 811	25.6 %	4.3 %
LU	352 242	9 293	754 364	1 002 556	75.2 %	1.2 %
HU	568 206	13 635	1 705 125	4 055 347	42.0 %	0.8 %
MT	67 213	55	302 379	539 607	56.0 %	0.0 %
NL	1 508 143	11 816	8 915 268	17 683 000	50.4 %	0.1 %
AT	2 255 236	17 609	8 727 582	9 387 301	93.0 %	0.2 %
PL	3 095 572	21 741	6 885 551	34 212 349	20.1 %	0.3 %
PT	715 458	4 616	2 514 495			0.2 %
RO	378 501	10 441	624 274	16 137 118	3.9 %	1.7 %
SI	628 152	644 465	889 844	2 117 067	42.0 %	72.4 %
SK	540 294	40 959	4 470 628	5 186 725	86.2 %	0.9 %
FI	1 253 058	5 437	2 321 983	5 637 214	41.2 %	0.2 %
SE	1 184 573	8 612	4 005 702	5 818 550	68.8 %	0.2 %
IS*	53 306	10 022	158 439	362 927	43.7 %	6.3 %
LI	1 370	32	33 080	33 080	100.0 %	0.1 %
NO*	651 623	3 641	2 417 453	5 594 340	43.2 %	0.2 %
CH	3 800 000	n a	9 000 000	9 000 000	100.0 %	
UK	4 765 609	26 738	20 743 072			0.1 %
Total**			±256 000 000			

* BE: data 2021. CY and IS: data 2019. UK: data 2022. For IT data on the number of insured persons from 2020 are imputed as it is assumed that every insured person in Italy has an EHIC. DK: Denmark is not able to provide exact data on the number of Danish insured persons. The Danish healthcare system is residence-based i.e., all persons registered as residents in Denmark, will be enrolled in the Danish health insurance scheme. However, some persons are entitled to be insured in Denmark pursuant to EU-legislation (Regulation (EC) No. 883/2004 or the Withdrawal Agreement between EU and the UK), even though they are not residing in Denmark. Denmark only has statistics on the number of inhabitants but not on the number of Danish insured persons. NO: number of insured persons is an estimation.

** Assuming that every insured person in DE and IT has an EHIC.

Source: Administrative data EHIC Questionnaire 2025

Member States were asked to report any specific legislative or administrative changes that influenced the evolution of the number of EHICs issued during 2024. To simplify and speed up the issuing procedure of the EHIC (issued within 5 working days instead of 14 days), Lithuania implemented several changes in 2024. In Romania, the website www.cardeuropean.ro was launched as a national online platform for requesting the EHIC or PRC.

3. The period of validity and the issuing procedure of the EHIC

As mentioned above, the issuing procedure and the validity period have a serious impact on the number of EHICs issued by the Member States. Therefore, it is interesting to look at the differences between the Member States in this regard. *Table 2* shows the issuing procedure of the EHIC and the PRC, as well as the average time to receive an EHIC.

In most Member States, the EHIC can be requested online or at the desk of the competent institution. This indicates that Member States mostly offer both an offline and online

alternative to request the EHIC or PRC. None of the reporting Member States indicated a change of the EHIC procedure in 2024. The time it takes to issue an EHIC in 2024 varies significantly between Member States and at a national level between competent institutions. Moreover, the issuing time also varies between the methods that are used.

Table 2 - Issuing procedure of EHIC and PRC, 2024

MS	Ways to apply for an EHIC	Average time to receive the EHIC	Ways to obtain a PRC while staying abroad
BE	online, telephone, in person, webapp, email	from immediately (request in an office building) to up to 3-5 working days	online, e-mail, webapp, telephone
BG	online application form, in person	about 14 days	online
CZ	The EHIC is issued and sent automatically when there is a new insured person or before the end of validity of the old card.	max. 14 days	post, e-mail, (fax)
DK	online, telephone	1 day to process the application	fax, post, digital post, phone, EESSI
DE	online, telephone, in person, in writing (Issued automatically upon issue national card)	4 weeks at the most, generally significantly less	fax, e-mail
EE	Online, e-mail, telephone, post, in person	max 14 days (on average it takes 4-5 working days)	internet, e-mail, telephone
IE	online, post, desk	5 up to 10 working days	fax, e-mail
EL	e-mail	2-3 days	e-mail, post
ES	online, in person, telephone, text message	approximately 5 days	e-mail, online
FR	online, telephone, e-mail, or desk	General scheme: less than 15 days Agricultural scheme: 10 days on average	internet, e-mail, post, telephone, office
HR	online, desk, post, automated machines	3.97 days	fax, e-mail, EESSI
IT	issued automatically (Replacement card: desk, fax, internet, e-mail)	More or less 1 month	fax, e-mail
CY	desk (by telephone, fax, and internet under special circumstances)	immediately (at the desk)	fax, e-mail
LV	post, desk	immediately when applied for at the desk; otherwise, 3 days	post (fax or e-mail on request)
LT	online, fax, desk, via a representative	within 5 working days (instead of 14 calendar days in the past)	fax, post, online
LU	online, telephone, fax, letter, direct request at the office of the health care institution	13 days	letters, fax, letter, fax, pdf attached e-mail, MyGuichet.lu platform
HU	Online, in person	immediately at the desk, otherwise 8 days	fax, e-mail, citizen portal
MT	through 'Mobile App', 'e-Forms', post, desk	5 working days	e-mail, fax, EESSI
NL	telephone, fax, e-mail, social media (WhatsApp, Twitter, Facebook)	one week on average, varies from 2-14 days	by any available means of communication
AT	issued automatically (replacement card: telephone or e-mail)	3 to 5 days	fax, e-mail, post
PL	Electronic Platform of Public Administration Services (ePUAP), Internet Patient's Portal (IKP), e-mail, post, in person	immediately if applied for at the desk; otherwise, 5 working days	e-mail, fax, post, Electronic Platform of Public Administration Services (ePUAP)
PT	online, e-mail, fax, desk	4-5 days	post, e-mail
RO	online, post, e-mail, fax	5-7 working days	e-mail, fax, www.cardeuropean.ro
SI	online, text message, desk	The EHIC is delivered to the post office no later than the following working day after the successful order. At time of maximum orders (e.g., June or July), insured persons may receive an EHIC a little later.	fax, e-mail
SK	telephone, email, personal contact, mobile application, electronic office, web, in writing by mail, online, office	Max 15 days	post, e-mail
FI	online, telephone, post, desk	Around a week	e-mail, telephone
SE	fax, e-mail, EESSI	Up to 10 working days	fax, EESSI, (in rare cases e-mail)
IS	online, telephone, e-mail	3 days	e-mail, internet, fax
LI	online, telephone, post, e-mail	2 weeks	e-mail, phone, internet, letter
NO	online, telephone, post	max 10 working days	fax, post, digitally
CH	issued automatically (telephone, fax, e-mail, app)	14 days up to a maximum of 4 weeks (faster by using the customer app)	fax, e-mail, phone
UK	online, telephone, post	The target for EHIC is to issue the card withing 10 working days of approval	e-mail, RINA

Source: Update based on administrative data EHIC Questionnaire 2025

Table 3 gives an overview of the validity period of the EHIC for all Member States. Since 2024, EHICs have been issued to all insured persons in Lithuania for a period of five years. Estonia reported that they may extend the validity period in 2025 for some insured groups, for example pensioners.

In general, the period of validity varies significantly among Member States and between categories/situations (active population, posted workers, family members, children, students, pensioners, etc.) (Table 3). For instance, in Belgium an EHIC is valid for 1 to 2 years, whereas in Czechia the validity period amounts to 10 years. Nevertheless, the period of validity of the EHIC is limited in all Member States. Some Member States have defined a (much) longer validity period of EHICs issued to pensioners (e.g., PL (20 years), BG, HU, and AT (10 years), LU (12-60 months), SI and IS (5 years)).

Table 3 - Validity period of the EHIC, 2024

MS	Validity period of the EHIC
BE	2 years (pensioners), until 31/12 of the calendar year following the year of issuing, depending on the information on the entitlement (other insured persons), two years maximum (all)
BG	1 year (economically active persons), 5 years (children), 10 years (pensioners)
CZ	Usually for 10 years. This period can vary according to issuing institution
DK	(max) 5 years, shorter periods (1-2 years) for specific cases
DE	several months to several years (same period of the national card)
EE	max 3 years (adults), max 5 years (children under the age of 19)
IE	4 years
EL	Insured persons max. 1 year
ES	2 years (sea workers, pensioners, and beneficiaries), 2 years (workers and beneficiaries), 5 years (pensioners and beneficiaries), 3 years (military civil servants and pensioners), 1,5 year (beneficiaries from military civil servants), 2 years (judicial civil servants, pensioners and beneficiaries), 2 years (civil servants of the state, pensioners and beneficiaries)
FR	2 years
HR	3 years (all insured persons), 1 year (unemployed), 1 year (students and pupils)
IT	6 years
CY	max 5 years
LV	3 years
LT	All categories of insured persons 5 years. Exception: insured persons registered on the basis of any type of document issued by the Migration Department under the Ministry of the Interior of the Republic of Lithuania, confirming their right to reside in Lithuania, but not longer than 5 years.
LU	3-60 months (proportionate to the length of the insurance record), 12-60 months (pensioners)
HU	10 years (insured persons), 10 years or max. to the end date of their entitlement (entitled persons)
MT	5 years
NL	1, 2, 3 and 5 years Most competent institutions issue an EHIC for a period of 5 years.
AT	1 or 5 years (this depends on the existing insurance periods), 10 years (pensioners), at least for 5 years (children up to the age of 14)
PL	20 years (persons receiving retirement benefits who have reached retirement age (60 years of age for women and 65 years of age for men)), up to the age of 18 (children under 18 who are registered for the health insurance as a family member or receive pension as their own title for the insurance), 5 years (persons receiving retirement benefits who have not reached retirement age (60 years of age for women and 65 years of age for men), uninsured persons who are under 18 years of age and are Polish citizens (the validity period of EHIC cannot be longer than the date the person becomes 18 years old)), 3 years (employed persons, self-employed persons, persons running an agricultural or non-agricultural business activity, persons receiving a pre-retirement benefit), up to 18 months (persons over 18 years of age receiving disability pensions, persons registered for the health insurance as a family member who are aged 18 and more, children/pupils who are entitled for the insurance and are aged 18 and more, students registered for health insurance by university), up to 6 months (persons employed based on an agency contract, order contract or other contract for providing services, persons who work under a tolling contract, uninsured persons entitled for health insurance under the national law), up to 2 months (e.g., unemployed persons), up to 90 days (persons who meet the income criterion for receiving social assistance benefits), up to 42 days (e.g. uninsured women with the Polish citizenship who reside on the territory of the Republic of Poland during puerperium)
PT	3 years, 1 year (certain health subsystems)
RO	2 years
SI	1 year, 5 years (pensioners and their family members, children under the age of 18)
SK	10 years, foreign workers depending on the validity of the working contract
FI	2 years
SE	3 years
IS	3 years, 5 years (pensioners)
LI	5 years (all insured persons)
NO	3 years (regular membership), 1 year (temporary membership)
CH	5 years (all categories), 10 years (several health insurer)
UK	5 years, length of course (students), length of visa (Limited Leave to Remain), 1 year (Gibraltar EHIC)

Source: Update based on administrative data EHIC Questionnaire 2025

4. Raising awareness

It is important to be aware of the EHIC and its usage, not only for patients to use the EHIC, but also for healthcare providers to recognize the EHIC. Therefore, Member States were asked to report ongoing or newly introduced initiatives in 2024 to improve both citizens' and healthcare providers' knowledge of the rights of cross-border patients both under the terms of the EU rules on the coordination of social security systems and Directive 2011/24/EU on patients' rights in cross-border healthcare (*Table A1 in Annex I*).¹⁴ Especially in tourist areas, it is important that tourists and healthcare providers are well informed.

The overview shows that most Member States are taking several initiatives to inform insured persons and healthcare providers. To inform insured persons, almost all Member States refer to information which can be found online, often referring to the 'National contact points for cross-border healthcare' and the linked websites.¹⁵ Furthermore, many make note of lectures and presentations given to insured persons, press releases, and information campaigns. Additionally, flyers and posters, publications and newspapers, and social media are important channels to spread information about EHIC to insured persons. Finally, some Member States also mention mailings, radio, and TV.

For instance, in October 2024 in cooperation with the European Commission (DG SANTE), Poland organised and hosted a national-level workshop on raising awareness of patients' rights to cross-border healthcare and European Reference Networks for rare diseases. The event was part of an initiative funded by the EU4Health programme and aimed at improving health across the EU and strengthening the implementation of Directive 2011/24/EU. Such an event was also reported by Greece.

To inform healthcare providers, the channel mentioned most often is once more a website. Furthermore, written instructions and guidance are often-used channels to inform healthcare providers. Furthermore, information is also provided through information days, workshops or training sessions, leaflets, and the umbrella organisations. For instance, in 2024, workshops for/meetings with healthcare providers were organised in Greece (together with Cyprus), Malta, Poland and Finland.

Finally, it is worth noting that, at European level, the Commission has taken several initiatives to increase awareness of the correct application of the cross-border healthcare rules. For instance, information concerning the EHIC is published on the website of DG EMPL and there is an annual update about the EHIC (coverage, where to apply etc.) in all Member States on the same website.¹⁶ The EU Commission also launched an online campaign with videos, which were published on the most common video sharing sites.

5. The budgetary impact

5.1. Introduction

The Implementing Regulation outlines two different reimbursement procedures for unplanned necessary healthcare provided in the Member State of stay. The insured person can ask the reimbursement directly from the institution of the Member State of stay (in this case the Member State of stay will later claim the reimbursement from the competent

¹⁴ See also the report published by the EC - DG Sante ("Study on cross-border health services: enhancing information provision to patients"): https://health.ec.europa.eu/publications/final-report-study-cross-border-health-services-enhancing-information-provision-patients_en

¹⁵ For the list of national contact points see: https://hadea.ec.europa.eu/programmes/horizon-europe/health/national-contact-points_en

¹⁶ <https://ec.europa.eu/social/main.jsp?catId=559> ; <https://ec.europa.eu/social/main.jsp?langId=en&catId=559&furtherNews=yes&newsId=10635>

Member State) or ask for reimbursement from the competent Member State after returning home.¹⁷

In the first case, if the insured person has borne the costs of the treatment and if the legislation applied by the Member State of stay enables reimbursement of those costs to an insured person, the patient may ask reimbursement directly from the institution of the Member State of stay¹⁸. In such case, the Member State of stay directly reimburses the person for the costs of those benefits, according to the reimbursement rates and conditions specified in its legislation. The Member State of stay will then claim reimbursement from the competent Member State using the E125 form (*Individual record of actual expenditure*)/SED S080 (*Claim for reimbursement*) on the basis of the real expenses of the healthcare provided abroad.

In the second case, the insured person asks for reimbursement to the competent Member State after returning home.¹⁹ In this case, the competent Member State uses an E126 form (*Rates for refund of benefits in kind*)/SED S067 (*Request for reimbursement rates – stay*) to establish the amount to be reimbursed to the insured person. The form is sent to the Member State of stay to obtain more information on the reimbursement rates. However, reimbursement to the insured person without determining reimbursement rates by means of an E126 form is provided in some cases based on other (national) provisions.²⁰

In respect to the reported figures, it is important to note that the period between treatment and reimbursement may differ significantly if reimbursement is requested by the Member State of stay (using the E125 form/SED S080) or by the insured person. In any case, all claims based on actual expenditure should be introduced within 12 months following the end of the calendar half-year during which those claims were recorded by the Member State of stay.²¹ This implies that, for 2024, the E125 forms/SEDs 080 received/issued are (mainly) applicable to necessary healthcare provided in 2023.²²

5.2. Reimbursement of claims in numbers and amounts

5.2.1. From the perspective of the competent Member State

For reimbursement from the perspective of the competent Member State, Member States were asked about the number of E125 forms received (see first case above in *section 5.1*, the reimbursement is claimed by the Member State of stay), the E126 forms sent (see second case above, the competent Member State asks information on the costs to be reimbursed to the insured person), and finally the number of claims not verified by the E126 form. The highest number of claims for reimbursement of the costs of medical treatments provided by the Member State of temporary stay (i.e., based on the E125 form) were received by Germany, France, Italy and the UK (*Table 4*). More than 9 out of 10 claims of reimbursement were settled by an E125 form/SED S080 (*Table 4*). This means that in general, the reimbursement is claimed by the Member State of stay. All reporting competent Member States (which reported both the number of E125 forms received and the number of E126 forms issued) received most of the claims via an E125 form. In Germany, Lithuania,

¹⁷ Or the situation where the person does not have to pay for the treatment and it is the Member State of stay that claims reimbursement from the competent Member State.

¹⁸ Article 25(4) of the Implementing Regulation.

¹⁹ Article 25(5) of the Implementing Regulation.

²⁰ Article 25(6) of the Implementing Regulation. No information is collected about the content of these provisions.

²¹ In case the claim is recorded in October 2024 by the Member State of stay it should be introduced to the competent Member State up to 31 December 2025. Claims of fixed amounts for a calendar year should be introduced to the debtor Member State within the 12-month period following the month during which the average costs for the year concerned were published.

²² Furthermore, differences will exist between the amounts claimed and those paid/received by Member States. The EHC-questionnaire asks about the amount paid/received. However, some Member States could not provide this information and only reported the amount claimed.

Sweden, and Iceland more than 10 % of the claims received for reimbursement were settled via a E126 form. Finally, in Belgium (49.5 %; data 2021), the Netherlands (44.2 %), France (25.5 %), Poland (17.5 %), Finland (14.8 %) and the UK (11.2 %) a high percentage of claims for reimbursement were settled via a national method other than those provided by Articles 25(4) and (5) of the Implementing Regulation. However, in Belgium, France, the Netherlands, and Poland, the share in the total amount paid via this other procedure is much lower (BE (data 2021): 11.0 % compared to 49.5 %; NL: 8.5 % compared to 44.2 %; FR: 5.0 % compared to 25.5 %). The total amount paid by the competent States for the reimbursement of unplanned necessary cross-border healthcare amounted to roughly EUR 1.1 billion. Germany (EUR 320 million), France (EUR 194.8 million) and the UK (EUR 141 million) reimbursed the highest amounts for unplanned necessary cross-border healthcare in the EU/EFTA or the UK.

In *Annex II* the individual claims of reimbursement received from the Member States of treatment are reported (*Table a2*) as well as the amount paid (*Table a3*). In absolute terms, the highest number of claims for reimbursement were received by France for unplanned necessary cross-border healthcare in Portugal (146 266) and Spain (110 542), and by Germany for treatment in Austria (143 398) and Poland (118 150) (*Table a2*). The highest amount (EUR 82.5 million) was reimbursed by Germany to Austria (*Table a3*).

Under the Coordination Regulations, the budgetary impact of cross-border expenditure related to unplanned necessary healthcare treatment during a stay abroad on average amounts to 0.1 % of total healthcare spending related to benefits in kind. Only Lithuania, Latvia, Slovakia and Romania show a cross-border expenditure of more than 0.4 % of total healthcare spending related to benefits in kind. This is not surprising as in Member States with a low healthcare expenditure per inhabitant the relative share of costs for unplanned cross-border healthcare in relation to the healthcare spending related to benefits in kind is higher because of the reimbursement provisions.

Finally, *Table 5* reports the evolution of the number of E125 claims received and the amount claimed/paid for years 2018 to 2024. The total amount paid by the reporting Member States increased by some 15 % compared to 2024. For most competent Member States, the number of claims received as well as the amount to be reimbursed increased in 2024 compared to 2023. Only in Bulgaria, France, Latvia, Lithuania, Liechtenstein and the UK the amount paid in 2024 was lower compared to 2023.

Table 4 - Reimbursement by the competent Member State, 2024

MS	E125 received		E126 issued		Claims not verified by E126		Total			Number of forms			Amount		
	Number of forms	Amount paid (in €)	Number of forms	Amount paid (in €)	Number of claims	Amount paid (in €)	Number of forms/claims	Amount paid (in €)	Share in total healthcare spending related to benefits in kind	E125	E126	Other	E125	E126	Other
BE*	39 349	31 340 837	7 266	2 207 810	45 751	4 125 559	92 366	37 674 206	0.10 %	42.6 %	7.9 %	49.5 %	83.2 %	5.9 %	11.0 %
BG	22 089	12 405 685	184	210 609			22 273	12 616 293	0.33 %	99.2 %	0.8 %	0.0 %	98.3 %	1.7 %	0.0 %
CZ	48 432	30 404 039	1 815	777 160			50 247	31 181 200	0.18 %	96.4 %	3.6 %	0.0 %	97.5 %	2.5 %	0.0 %
DK	25 207	11 841 097	2 954	552 257			28 161	12 393 354	0.06 %	89.5 %	10.5 %	0.0 %	95.5 %	4.5 %	0.0 %
DE	577 498	320 145 040	12 868				590 366	320 145 040	0.11 %	97.8 %	2.2 %				
EE	4 728	4 901 756	284	107 780			5 012	5 009 536	0.33 %	94.3 %	5.7 %	0.0 %	97.8 %	2.2 %	0.0 %
IE	30 424	10 165 335					30 424	10 165 335	0.05 %						
EL	9 094	11 078 452	186	103 575			9 280	11 182 027	0.10 %	98.0 %	2.0 %	0.0 %	99.1 %	0.9 %	0.0 %
ES	63 297	51 503 816	3 570	823 403	402	144 337	67 269	52 471 556	0.06 %	94.1 %	5.3 %	0.6 %	98.2 %	1.6 %	0.3 %
FR	296 243	181 873 076	11 507	3 083 358	105 329	9 824 394	413 079	194 780 828	0.08 %	71.7 %	2.8 %	25.5 %	93.4 %	1.6 %	5.0 %
HR	11 777	11 385 378					11 777	11 385 378	0.26 %						
IT*	194 244		1 863				196 107			99.1 %	0.9 %	0.0 %			
CY*	4 038						4 038								
LV	6 931	7 746 463	224	51 538	26	17 201	7 181	7 815 202	0.47 %	96.5 %	3.1 %	0.4 %	99.1 %	0.7 %	0.2 %
LT	7 975	11 486 263	982	171 730	128	15 638	9 085	11 673 630	0.40 %	87.8 %	10.8 %	1.4 %	98.4 %	1.5 %	0.1 %
LU															
HU	15 177	13 017 654	704	239 374			15 881	13 257 029	0.17 %	95.6 %	4.4 %	0.0 %	98.2 %	1.8 %	0.0 %
MT	1 419	927 796	40	34 978			1 459	962 773	0.13 %	97.3 %	2.7 %	0.0 %	96.4 %	3.6 %	0.0 %
NL	76 366	97 746 245	5	47 722	60 594	9 072 798	136 965	106 866 765	0.15 %	55.8 %	0.0 %	44.2 %	91.5 %	0.0 %	8.5 %
AT	77 612	31 298 860	1 163				78 775	31 298 860	0.10 %	98.5 %	1.5 %	0.0 %			
PL	59 760	62 487 137	4 751	2 167 749	13 637	9 401 699	78 148	74 056 584	0.26 %	76.5 %	6.1 %	17.5 %	84.4 %	2.9 %	12.7 %
PT	39 663	44 089 657	389	126 923			40 052	44 216 580	0.29 %	99.0 %	1.0 %	0.0 %	99.7 %	0.3 %	0.0 %
RO	46 058	75 947 379	426	127 237	88	9568.46	46 572	76 084 184	0.64 %	98.9 %	0.9 %	0.2 %	99.8 %	0.2 %	0.0 %
SI	17 244	8 257 529	10	302 175			17 254	8 559 704	0.21 %	99.9 %	0.1 %		96.5 %	3.5 %	
SK	40 335	27 389 186	1 329	445 757	970	193 280	42 634	28 028 223	0.52 %	94.6 %	3.1 %	2.3 %	97.7 %	1.6 %	0.7 %
FI	27 261	8 454 984	193	27 149	4 755	4 549 191	32 209	13 031 324	0.08 %	84.6 %	0.6 %	14.8 %	64.9 %	0.2 %	34.9 %
SE	38 036	25 792 836	4 864	353 424			42 900	26 146 260	0.08 %	88.7 %	11.3 %	0.0 %	98.6 %	1.4 %	0.0 %
IS*	5 654	4 282 542	956	283 422	353	125 293	6 963	4 691 258	0.22 %	81.2 %	13.7 %	5.1 %	91.3 %	6.0 %	2.7 %
LI	13	111 743					13	111 743							
NO			727	329 482			727	329 482							
CH	60 189						60 189								
UK	134 970	141 184 549	8 321		25		143 316	141 184 549	0.08 %	94.2 %	5.8 %	0.0 %			
EU-27	1 780 257	1 091 686 501	57 576	11 961 706	231 680	37 353 666	2 069 513	1 141 001 873	0.11 %	86.0 %	2.8 %	11.2 %	95.7 %	1.0 %	3.3 %

* BE: data 2021. The number of E125 received only concerns forms received electronically; IT: data 2023; CY data 2023; IS: data 2019.

Source: Administrative data EHC Questionnaire 2025

Table 5 - Evolution of the number of claims received (E125) and amount paid by the competent Member State, 2018-2024

	E125 forms received									Amount paid (in €)								
	2018	2019	2020	2021	2022	2023	2024	Change in number of claims 2024 vs 2023	% Change 2024 vs. 2023	2018	2019	2020	2021	2022	2023	2024	Change in amount 2024 vs. 2023	% Change 2024 vs. 2023
BE	44 306	60 579	53 160	39 349			39 349			47 650 399	48 423 716		31 340 837					
BG	27 088	20 961	51 441	26 594	23 358	18 786	22 089	3 303	18 %	20 575 676	52 528 293	50 408 330	26 386 488	27 113 593	22 977 456	12 405 685	-10 571 771	-46 %
CZ	45 050	45 894	42 493	32 526	38 681	43 492	48 432	4 940	11 %	20 225 316	21 082 013	19 011 697	15 683 549	20 567 822	23 891 309	30 404 039	6 512 730	27 %
DK	23 852	25 774	26 445	13 272	19 645	22 239	25 207	2 968	13 %	12 124 217	12 962 953	3 134 958	10 323 648	7 040 696	10 804 178	11 841 097	1 036 919	10 %
DE**	547 076	559 175	522 625	392 212	491 318	587 784	577 498	-10 286	-2 %	219 630 849	251 407 990	221 661 761	172 106 314	221 127 758	291 863 021	320 145 040	28 282 019	10 %
EE	7 678	4 859	6 064	4 040	3 487	4 584	4 728	144	3 %	7 637 246	3 918 489	5 564 919	2 784 383	4 032 278	4 114 730	4 901 756	787 026	19 %
IE	29 986	30 557	31 884	17 697	22 743	28 974	30 424	1 450	5 %	11 282 798	11 745 985	13 140 746	10 966 198	10 233 994	7 456 559	10 165 335	2 708 777	36 %
EL	16 344	16 344	13 325	520	71	10 340	9 094	-1 246	-12 %	15 199 952	15 199 952	13 479 453	222 555	26 011	6 421 156	11 078 452	4 657 296	73 %
ES	101 022	81 115	76 612	81 772	73 883	68 152	63 297	-4 855	-7 %	60 237 380	55 624 712	44 032 353	57 446 552	45 450 713	40 332 561	51 503 816	11 171 255	28 %
FR**	184 506	184 506	234 512	583 063	1 080 188	264 239	296 243	32 004	12 %	121 184 596	121 184 596	91 317 657	134 691 367	223 351 225	239 947 573	181 873 076	-58 074 497	-24 %
HR	13 495	15 085	13 315	11 875	12 308	12 137	11 777	-360	-3 %	8 152 210	8 742 086	7 655 959	9 081 741	9 092 331	11 451 419	11 385 378	-66 040	-1 %
IT	290 178	290 178	240 848															
CY	4 934	4 038								10 947 941								
LV	5 467	6 261	6 475	5 670	5 779	5 382	6 931	1 549	29 %	5 388 163	3 118 557	5 976 415	12 343 387	6 581 956	10 280 862	7 746 463	-2 534 400	-25 %
LT	8 792	8 824	9 345	7 026	12 179	11 598	7 975	-3 623	-31 %	7 661 360	8 363 021	10 171 445	9 211 687	17 881 147	14 317 361	11 486 263	-2 831 098	-20 %
LU																		
HU	18 479	18 674	15 895	9 245	7 618	3 413	15 177	11 764	345 %	10 784 135	10 412 916	8 908 334	6 382 718	5 767 091	2 633 856	13 017 654	10 383 799	394 %
MT	1 980	1 157	1 314	572	508	1 002	1 419	417	42 %	45 506	737 101	257 000	237 405	291 462	562 001	927 796	365 795	65 %
NL	90 533	87 409	84 063	57 236	72 721	71 158	76 366	5 208	7 %	62 330 938	78 369 190	69 857 914	43 018 359	70 301 922	68 037 574	97 746 245	29 708 671	44 %
AT	92 142	87 455	58 461	50 881	58 651	73 401	77 612	4 211	6 %	27 398 192	30 064 621	23 722 737	19 593 530	21 737 436	25 810 499	31 298 860	5 488 361	21 %
PL**	76 811	79 108	71 590	62 043	67 452	59 989	59 760	-229	0 %	128 784 453	122 037 817	52 533 482	31 594 837	59 321 090	61 672 728	62 487 137	814 408	1 %
PT	37 603	39 037	40 646	36 882	39 722	38 283	39 663	1 380	4 %	41 555 169	43 188 975	4 990 877	4 309 697	8 374 241	12 352 674	44 089 657	31 736 983	257 %
RO	0	29 077	29 056	18 290	31 194	10 357	46 058	35 701	345 %	0	35 248 192	36 945 765	66 226 551	49 829 699	23 027 377	75 947 379	52 920 002	230 %
SI	19 516	19 516	19 250	14 026	18 510	18 817	17 244	-1 573	-8 %	4 286 196	4 286 196	7 186 609	7 607 719	4 800 026	6 284 923	8 257 529	1 972 606	31 %
SK	33 396	32 863	33 751	26 313	36 561	40 529	40 335	-194	0 %	15 242 326	15 832 268	17 672 727	14 201 472	15 936 308	18 787 471	27 389 186	8 601 715	46 %
FI**	25 300	23 500	9 700	13 400	10 200	13 250	27 261	14 011	106 %	8 850 000	7 500 000	4 150 000	5 360 000	3 740 000	6 850 000	8 454 984	1 604 984	23 %
SE	60 131		38 404	26 793	30 627	38 911	38 036	-875	-2 %	21 657 364		15 375 798		13 470 954	8 239 354	25 792 836	17 553 482	213 %
IS	3 610						5 654			533 908						4 282 542		
LI					1 693	2 484	13	-2 471	-99 %					710 541	1 182 877	111 743	-1 071 134	-91 %
NO		131 341									7 475 516							
CH	59 213	69 114	62 246	41 949	42 127	46 858	60 189	13 331	28 %					83 437 730	78 907 077			
UK	156 573	156 573	320 690	252 354	315 668		134 970	-180 698	-57 %	101 116 319	101 116 319			275 317 311		141 184 549	-134 132 762	-49 %
EU-27*									7 %									15 %

* EU-27: calculated for Member States that provided data for both 2023 and 2024.

Source: Administrative data EHIC Questionnaire 2019-2025

5.2.2. From the perspective of the Member State of stay

Next, it is possible to look at the reimbursement from the point of view of the Member State of stay. In this case it concerns the number of E125 forms issued (see first case at the beginning of *section 5.2*; the Member State of stay claims reimbursement from the competent Member State) and the number of E126 forms received (the competent Member State requests information from the Member State of stay about the costs to be reimbursed to the insured person).

Most claims of reimbursement of the costs of medical treatments provided by the Member State of temporary stay were issued by Spain (401 628 E125 forms), Belgium (325 614 forms, including 323 436 E125 forms; data 2021), Austria (249 556 forms, including 235 238 E125 forms), Poland (222 232 forms, including 221 947 E125 forms), and Germany (216 133 forms, including 202 749 E125 forms) (*Table 6*). Portugal is a close runner-up with more than 188 000 forms issued. The highest amounts of reimbursement were received by Spain (EUR 242.8 million), Germany (EUR 197.6 million), France (EUR 159 million), and Austria (EUR 158 million).

On average, 97 % of the claims were settled via an E125 form. This confirms the earlier conclusion that most of the claims are settled between Member States and not between insured persons and their competent Member State.

In *Annex II* the individual claims for reimbursement issued to the competent Member States are reported (*Table a4*), as well as the amounts received (*Table a5*). Most claims were sent to France for the reimbursement of necessary unplanned care provided in Belgium (264 737 forms; data 2021), to Germany for the reimbursement of necessary unplanned care provided in Austria (149 710 forms), and to Germany for unplanned care provided in Poland (120 910 forms) (*Table a4*). The highest amount was received by Austria for unplanned cross-border healthcare reimbursed by Germany (EUR 80.5 million).

From the perspective of the Member State of treatment, it is also useful to know how high claims are in relative terms. Only Belgium (data 2021), Greece, Spain, Malta and Austria claimed an amount higher than 0.2 % of total healthcare spending related to benefits in kind. On average, the budgetary impact amounts to 0.1 %.

On average, the amount received for providing unplanned cross-border healthcare increased by 11 % in 2024 compared to 2023 (*Table 7*). In most Member States of treatment, a growth in the amount received can be noted. Especially Spain received a higher amount compared to previous years. However, there was a decrease in the amount received by Bulgaria, Germany, Greece, Croatia, Sweden and the UK.

Table 6 - Reimbursement to the Member State of stay or to the insured person, 2024

MS	E125 issued		E126 received		Total			Number of forms		Amount	
	Number of forms	Amount received (in €)	Number of forms	Amount received (in €)	Number of forms	Amount received (in €)	Share in total healthcare spending related to benefits in kind	E125	E126	E125	E126
BE*	323 436	92 227 316	2 178	658 154	325 614	92 885 471	0.25 %	99.3 %	0.7 %	99.3 %	0.7 %
BG	10 744	4 602 277	982	752 562	11 726	5 354 839	0.14 %	91.6 %	8.4 %	85.9 %	14.1 %
CZ	61 723	29 895 746	1 223		62 946	29 895 746	0.18 %	98.1 %	1.9 %		
DK	15 175	10 166 015	333		15 508	10 166 015	0.05 %	97.9 %	2.1 %		
DE	202 749	197 559 882	13 384		216 133	197 559 882	0.07 %	93.8 %	6.2 %		
EE	8 409	2 746 982	148	95 792	8 557	2 842 774	0.19 %	98.3 %	1.7 %	96.6 %	3.4 %
IE	6 966	1 719 050			6 966	1 719 050	0.01 %				
EL	30 843	23 328 034	4 211	296 236	35 054	23 624 270	0.22 %	88.0 %	12.0 %	98.7 %	1.3 %
ES	401 628	242 790 451			401 628	242 790 451	0.28 %				
FR	55 123	154 612 352	21 075	4 364 037	76 198	158 976 390	0.07 %	72.3 %	27.7 %	97.3 %	2.7 %
HR	128 352	21 757 049			128 352	21 757 049	0.50 %				
IT							0.00 %				
CY*	4 253	4 020 100			4 253	4 020 100	0.22 %				
LV	5 352	517 909	263	24 704	5 615	542 613	0.03 %	95.3 %	4.7 %	95.4 %	4.6 %
LT	5 031	1 537 346	364	69 876	5 395	1 607 222	0.06 %	93.3 %	6.7 %	95.7 %	4.3 %
LU							0.00 %				
HU	19 584	3 536 293	188	32 422	19 772	3 568 715	0.05 %	99.0 %	1.0 %	99.1 %	0.9 %
MT	7 820	4 140 117	77	39 765	7 897	4 179 882	0.56 %	99.0 %	1.0 %	99.0 %	1.0 %
NL	57 671	75 963 897			57 671	75 963 897	0.11 %				
AT	235 238	156 400 100	14 318	1 660 701	249 556	158 060 801	0.49 %	94.3 %	5.7 %	98.9 %	1.1 %
PL	221 947	51 884 571	285	56 745	222 232	51 941 316	0.18 %	99.9 %	0.1 %	99.9 %	0.1 %
PT	185 706	9 850 967	2 303	502 650	188 009	10 353 617	0.07 %	98.8 %	1.2 %	95.1 %	4.9 %
RO	3 621	2 867 810	373	89 214	3 994	2 957 024	0.03 %	90.7 %	9.3 %	97.0 %	3.0 %
SI	17 385	7 143 113	340	n a	17 725	7 143 113	0.17 %	98.1 %	1.9 %		
SK	18 891	7 570 617	592	167 700	19 483	7 738 317	0.14 %	97.0 %	3.0 %	97.8 %	2.2 %
FI	7 278	8 139 470	915		8 193	8 139 470	0.05 %	88.8 %	11.2 %		
SE	27 252	18 346 330	1 039	644 795	28 291	18 991 125	0.06 %	96.3 %	3.7 %	96.6 %	3.4 %
IS*	3 070	1 938 661	205	44 103	3 275	1 982 765	0.09 %	93.7 %	6.3 %	97.8 %	2.2 %
LI	642	396 891			642	396 891					
NO							0.00 %				
CH	52 554	96 968 947	6 799	n a	59 353	96 968 947	0.18 %	88.5 %	11.5 %		
UK*	6 858	13 658 120			6 858	13 658 120	0.01 %				
EU-27	2 062 177	1 133 323 794	64 591	9 455 355	2 126 768	1 142 779 149	0.1 %	97.0 %	3.0 %	99.2 %	0.8 %

* BE: data 2021. The numbers are the total of E125 (claims and credit notes) sent to other MS for healthcare provided on the basis of an EHIC/P.RC. CY data 2023; IS: data 2019.

Source: Administrative data EHIC Questionnaire 2025

Table 7 - Evolution of the number of claims issued (E125) and amount received by the Member State of treatment, 2018-2024

	E125 forms issued									Amount received (in €)								
	2018	2019	2020	2021	2022	2023	2024	Change in number of claims 2024 vs. 2023	% change 2024 vs. 2023	2018	2019	2020	2021	2022	2023	2024	Change in amount 2024 vs. 2023	% change 2024 vs. 2023
BE	69 310	69 310	392 300	323 436						88 390 949	89 991 289		92 227 316		92 227 316			
BG	6 867	6 091	7 228	8 027	8 371	9 320	10 744	1 424	15 %	1 785 396	1 708 979	2 542 974	2 004 429	2 604 660	7 822 370	4 602 277	-3 220 093	-41 %
CZ	52 164	51 166	39 697	34 196	61 582	62 969	61 723	-1 246	-2 %	14 216 387	15 947 032	14 084 004	6 776 247	22 723 902	26 007 438	29 895 746	3 888 307	15 %
DK	11 684	7 594	15 389	8 518	12 397	15 056	15 175	119	1 %	4 561 362	4 734 063	3 006 383	5 391 829	7 482 598	7 193 571	10 166 015	2 972 444	41 %
DE	346 339	335 102	300 507	243 256	245 691	228 754	202 749	-26 005	-11 %	209 673 688	216 049 994	198 334 940	184 186 016	206 976 896	198 664 068	197 559 882	-1 104 186	-1 %
EE	10 039	8 478	3 649	3 506	4 620	5 540	8 409	2 869	52 %	1 591 817	1 516 434	1 807 298	1 077 152	1 421 448	1 341 794	2 746 982	1 405 188	105 %
IE	20 284	17 289	12 502	4 497	6 127	8 010	6 966	-1 044	-13 %	3 899 343	3 625 302	2 465 900	3 676 513	1 526 328	1 358 714	1 719 050	360 336	27 %
EL	52 634	52 634	7 796	<5	5	74 311	30 843	-43 468	-58 %	4 884 160	4 884 160	9 146 600	17	720	31 716 388	23 328 034	-8 388 354	-26 %
ES	447 505	392 550	161 821	302 980	310 575	394 922	401 628	6 706	2 %	214 305 342	206 032 525	78 857 220	166 691 977	145 600 847	158 457 062	242 790 451	84 333 389	53 %
FR	79 327	79 327	67 097	37 082	44 797	55 513	55 123	-390	-1 %	169 541 854	169 541 854	152 163 355	112 400 047	127 416 488	149 995 898	154 612 352	4 616 454	3 %
HR	134 778	137 889	128 890	97 752	146 103	158 927	128 352	-30 575	-19 %	15 581 043	16 858 366	15 905 008	16 234 186	22 770 770	25 792 440	21 757 049	-4 035 391	-16 %
IT	155 144	155 144	136 527		137 554					117 577 987	117 577 987							
CY	5 579	4 253					4 253			4 140 438	4 020 100	4 020 100						
LV	2 418	2 985	3 446	872	2 333	3 891	5 352	1 461	38 %	293 608	322 124	427 065	385 428	349 824	495 697	517 909	22 211	4 %
LT	4 119	4 834	4 327	2 081	3 573	4 559	5 031	472	10 %	723 001	970 289	873 226	571 373	1 010 598	1 286 802	1 537 346	250 544	19 %
LU																		
HU	20 275	19 497	11 566	11 296	15 132	16 112	19 584	3 472	22 %	4 457 117	4 049 205	2 073 285	2 947 105	2 508 493	3 534 985	3 536 293	1 308	0 %
MT	6 107	7 451	2 972	5 201	5 065	5 784	7 820	2 036	35 %	1 465 453	2 113 381	934 909	1 760 204	2 052 410	2 295 010	4 140 117	1 845 107	80 %
NL	24 706	282 730	112 825	87 976	66 475	87 520	57 671	-29 849	-34 %	30 862 794	148 387 979	47 595 648	44 954 569	23 989 733	71 956 524	75 963 897	4 007 373	6 %
AT	236 139	237 895	200 304	127 447	178 434	211 471	235 238	23 767	11 %	119 524 723	115 334 850	108 270 765	70 760 888	115 557 381	146 252 837	156 400 100	10 147 263	7 %
PL	228 906	229 685	207 846	203 835	211 661	208 108	221 947	13 839	7 %	24 504 400	24 067 900	24 149 391	19 963 906	30 604 141	46 394 211	51 884 571	5 490 360	12 %
PT	59 668	152 629	72 545	216 334	125 002	139 099	185 706	46 607	34 %	9 873 985	25 438 387	4 031 474	5 249 631	5 701 055	6 862 167	9 850 967	2 988 801	44 %
RO		846	2 745	3 303	2 563	3 377	3 621	244	7 %		530 442	1 282 788	1 526 660	1 229 368	2 030 774	2 867 810	837 036	41 %
SI	16 624	16 624	13 071	14 887	16 370	15 151	17 385	2 234	15 %	4 293 424	4 293 424	4 786 208	4 481 419	3 912 705	5 033 130	7 143 113	2 109 982	42 %
SK	67 481	33 570	26 045	12 601	23 752	25 982	18 891	-7 091	-27 %	7 236 290	6 829 098	5 567 154	1 613 876	6 740 051	6 714 695	7 570 617	855 922	13 %
FI	6 796	7 106	5 964	8 510	5 418	7 633	7 278	-355	-5 %	4 906 878	5 168 114	4 707 813	5 718 897	4 330 514	7 239 501	8 139 470	899 969	12 %
SE	31 433	19 962	44 218	29 386	25 115	29 209	27 252	-1 957	-7 %	23 304 283	19 496 529			21 752 752	26 028 276	18 346 330	-7 681 945	-30 %
IS	4 286									2 637 669								
LI	271	535	305	878	289	305	642	337	110 %	188 143	213 825	238 514	646 651	395 694	290 110	396 891	106 781	37 %
NO	1 557	2 074	1 720	768						7 874 704	2 315 260	2 371 478	703 676					
CH	52 110	46 135	35 311	33 326	52 303	57 311	52 554	-4 757	-8 %	77 595 651	71 342 568	56 768 400	59 298 647			96 968 947		
UK	15 081	15 081	18 777	12 684	7 113	7 113	6 858	-255	-4 %	20 448 034	20 448 034	38 461 778	11 412 131	22 526 520		13 658 120	-8 868 400	-39 %
EU-27*									-2 %									11 %

* EU-27: calculated for Member States that provided data for both 2023 and 2024.

Source: Administrative data EHC Questionnaire 2019-2025

5.2.3. Reimbursement under the terms of Directive 2011/24/EU

Member States were asked whether they are aware of cases where the patients sought reimbursement for unplanned medical treatment abroad under the terms of Directive 2011/24/EU. Several Member States reported that they are not aware of such cases. France reported a few cases, and both Croatia, Italy and Finland mentioned there are such cases but they are unable to quantify these occurrences. Only two Member States could quantify the number of cases in 2024. Denmark reported 1 073 cases, although this only included data from three of the five Danish regions, and Sweden mentioned 17 178 cases thus far.

6. Practical and legal difficulties in using the EHIC

Although the EHIC is a valuable tool to receive unplanned necessary healthcare abroad, there are also certain difficulties attached to its use. First, the card is sometimes refused by healthcare providers, which can potentially undermine the public trust in the EHIC. Second, the notion of 'necessary healthcare' is an important issue, as its interpretation remains critical to the use of EHIC. Third, it may occur that invoices are rejected, based on different reasons. Finally, cases of fraud and error in the field of necessary unplanned healthcare are reported.

6.1. Refusal of the EHIC by healthcare providers

Member States were asked if they were aware of cases of refusals to accept EHICs by healthcare providers established in their country or another country in 2024. If so, the underlying reasons to refuse the EHIC by healthcare providers should be reported. In total, 14 Member States²³ were aware of refusals of EHICs in their own country, while 13 Member States²⁴ were unaware of any refusals in their own country. Concerning refusals in another Member State, 18 Member States²⁵ were aware of this happening, whereas 7 Member States²⁶ reported no such cases occurred in 2024.

Table a6 in Annex III shows the detailed replies to this question. The reasons for refusal are rather similar from both perspectives. Although Member States try to raise awareness among healthcare providers by for instance setting up information campaigns (see *section 4*), it appears there is still a lack of sufficient information. This lack of knowledge of procedures is an often-mentioned reason for refusal of the EHIC. Several Member States indicate it is rather difficult to assess whether the healthcare is necessary care or not; there appears to be a (thin) line between unplanned necessary healthcare and planned healthcare. Regarding pregnancy and childbirth, refusals still occur as well. Furthermore, the administrative burden related to the EHIC is reported by some Member States, indicating that it is often easier to treat patients as 'private' patients²⁷. Additionally, there is a certain preference for cash payments by some healthcare providers. Finally, the fact that

²³ CZ, DK, DE, EE, FR, HR, IT, LU, HU, AT, PL, SK, SE, and CH.

²⁴ IE, EL, ES, LV, LT, MT, NL, RO, SI, FI, LI, NO, and UK.

²⁵ CZ, DK, EE, EL, ES, FR, HR, IT, LU, HU, MT, NL, AT, PL, SI, FI, SE, and CH.

²⁶ IE, LV, LT, RO, LI, NO, and UK.

²⁷ For example, the following is reported: AT: Charging private fees is more attractive than the "complicated" subsequent billing through the health insurance fund. One of the reasons is the low administrative effort involved in treating insured persons as private patients; LU: There are refusals from healthcare providers choosing to bill the higher price of the private system instead of applying the EHIC procedure.

the EHIC cannot be read electronically²⁸ and uncertainty about its design (for instance language, chip, etc.) leads to refusals of the EHIC.

6.2. The notion of necessary care

Even though the Administrative Commission Decisions²⁹ explain the notion of necessary care, and the European Commission has issued explanatory notes³⁰ on the matter, most of the reporting Member States still signalled difficulties concerning the interpretation of 'necessary healthcare' (see Table A7 in Annex III). More specifically, 13 Member States³¹ reported they still experience problems with this notion, whereas 14³² did not experience problems with the alignment of rights.

Healthcare providers of the Member States of stay may refuse to provide healthcare based on an EHIC, or competent Member States may refuse reimbursement of the provided healthcare due to an incorrect interpretation of 'necessary healthcare'.

There appears to be a lack of consistent interpretation between Member States, and between healthcare providers, as is often reported by Member States. Three main issues are mentioned by Member States. First, the main problem remains how to distinguish between unplanned necessary healthcare and planned healthcare, which healthcare providers seem to struggle with. Some Member States report difficulties for treatments defined in Decision S3 of the Administrative Commission³³ and covered by the EHIC. There is still some confusion concerning specific situations such as pregnancy or childbirth, chronically ill persons or persons with pre-existing conditions, and highly specialised care. Despite the guidance given by Decision S3 of the Administrative Commission on these situations, for certain healthcare providers it is not clear whether they can be treated based on an EHIC.

The following paragraph of AC Decision S3 appears to pose interpretation questions: "Any vital medical treatment which is only accessible in a specialised medical unit and/or by specialised staff and/or equipment must in principle be subject to a prior agreement between the insured person and the unit providing the treatment in order to ensure that the treatment is available during the insured person's stay in a Member State other than the competent Member State or the one of residence".³⁴ Such prior agreement is recommended between the patient and the healthcare provider they will visit abroad, to ensure that the highly specialised treatment will be available when they visit, for example a dialysis centre. However, this must be distinguished from the prior authorisation by the authorities of the Member State of insurance to access planned healthcare abroad. In the first situation, costs should be covered via the EHIC as necessary care and there should be no need for a prior authorisation for planned treatment abroad (via a PD S2).

Second, although Article 25(3) of Regulation (EC No 987/2009 defines what necessary care is, some healthcare providers may wrongly interpret the concept of 'necessary healthcare'³⁵.

²⁸ For example, the following is reported: DE: Although the EHIC is physically similar to the German health insurance card, it cannot be read electronically; AT: In some cases, attempts are made to read the card electronically; PL: EHIC is not being accepted due to the fact that it lacks a chip.

²⁹ Decision S1 indicates that all necessary care is covered by the EHIC, and Decision S3 of 12 June 2009 defines specific groups of treatment which must be considered as 'necessary care'.

³⁰ Explanatory notes on modernised social security coordination Regulation (EC) Nos 883/2004 and 987/2009 are available at <http://ec.europa.eu/social/main.jsp?catId=867>.

³¹ CZ, DK, DE, EL, ES, FR, AT, PL, PT, RO, FI, NO, and CH.

³² EE, IE, HR, IT, LV, LT, LU, HU, MT, NL, SI, SK, SE, and LI.

³³ Treatment provided in conjunction with chronic or existing illnesses as well as in conjunction with pregnancy and childbirth.

³⁴ Non-exhaustive list of the treatments which fulfil these criteria: kidney dialysis, oxygen therapy, special asthma treatment, echocardiography in case of chronic autoimmune diseases, chemotherapy.

³⁵ For example, the following is reported: DE: Since there is no precise definition or interpretation guideline for the term "medically necessary services", this term may be interpreted differently by service providers; PL: EHIC holders often

On the one hand, healthcare providers may understand this as 'urgent/lifesaving care', causing them to only accept the EHIC in these situations. On the other hand, patients might interpret it as 'all the care one needs', thus expecting to also use the EHIC for planned healthcare. This underlines the need for further awareness-raising both at national and EU level.

Third, the expected length of the stay should be considered, as there is no specific time limit for defining a temporary stay, and persons who stay abroad longer (for example students or posted workers who do not move their habitual residence to the country of their studies/posting) may need to access a wider range of treatments than someone who is abroad only for a week. However, some Member States note that the duration of stay is sometimes not taken into account.

6.3. Invoice rejection

A high number of reporting Member States indicated that invoices were rejected by their institutions (20 Member States³⁶) or by institutions in other countries (22 Member States³⁷). Four Member States³⁸ did not know of any rejections by their own institutions and four³⁹ were not aware of any cases of rejections by institutions in other Member States.

A frequently cited reason by Member States is missing or incorrect information, for instance so that the person cannot be identified, or the entitlement document is unknown, followed by the problem that the period of treatment is not (completely) covered by the entitlement document, for instance because the person was not insured anymore during the benefit period. Furthermore, a duplication of claims or double invoice seems to be a common problem, as well as uninsured persons. *Table a8* in *Annex III* gives a complete overview of the responses provided. The main reasons reported to refuse an invoice were:

- expired EHIC
- period of treatment not (entirely) covered by EHIC
- incomplete/incorrect E125 form:
 - wrong personal ID number
 - incorrect date of treatment
 - missing EHIC ID number
 - invalid EHIC ID number
 - insufficient information concerning the EHIC
- duplication of claims
- uninsured person (during the benefit period)

Fourteen Member States were able to (partly) quantify the number of rejected invoices by their institutions or other institutions (*Table 8*). Those cases can be compared with the total number of claims of reimbursement received or issued by an E125 form.

Most rejections in other countries were reported by Germany with 5 406 rejections, followed by Hungary with 4 610 rejections. The unweighted average for the share of rejections in

interpret this as 'life or health saving benefits' or 'urgent situations'. We always inform EHIC holders that in each situation the doctor decides about the necessity of treatment; SK: The term necessary health care often refers to the complete health care that an insured person needs, even if he or she travels purposefully for health care.

³⁶ CZ, DK, DE, ES, FR, HR, IT, LV, LT, HU, AT, PL, PT, RO, SI, SK, FI, SE, LI, and CH.

³⁷ CZ, DK, DE, IE, EL, ES, FR, HR, IT, LV, LT, HU, AT, PL, PT, RO, SI, SK, FI, SE, NO and CH.

³⁸ LU, MT, NO and the UK.

³⁹ LU, MT, LI and the UK.

other countries in total reimbursement claims issued amounts to 4.4 %. However, there are large differences between Member States. For instance, a high percentage of claims for reimbursement issued by Hungary (23 %) and Romania (16 %) were rejected.

From the other perspective, Germany rejected most claims by its own institutions, namely 16 884, followed by Hungary (5 329), Romania (3 934), and Czechia (957). The average share of rejections in total reimbursement claims received reached 4.3%. The share of rejections in total reimbursement claims received was highest in Hungary, namely 33.6 %. For Germany, the percentage of rejected reimbursement claims amounted to almost 3 %.

It should be noted that an increase in rejections could have some serious consequences. It could lead to an increase of the administrative burden for the Member State of stay if additional information must be provided in order to receive the reimbursement. It also results in a delay of payment or even in a budgetary cost for the Member State of stay if claims are not accepted by the competent Member State.

Table 8 - Number of rejections of invoices, 2024

MS	Rejections by institutions in other countries	Share of rejections in total reimbursement claims issued**	Rejections in 2023	Rejections by your institutions	Share of rejections in total reimbursement claims received***	Rejections in 2023
CZ	1 443	2.3 %	1 751	957	1.9 %	1 506
DK	159	1.0 %	227	65	0.2 %	149
DE	5 406	2.5 %	4 630	16 884	2.9 %	15 645
EL	App. 2 000	5.7 %				
ES				50	0.1 %	51
FR	1 146	1.5 %	1 390	173	0.0 %	370
HR	1 271	1.0 %	1 762	357	3.0 %	435
LV	12	0.2 %	23	42	0.6 %	62
LT	48	0.9 %	114	155	1.7 %	138
HU	4 610	23.3 %	7 886	5 329	33.6 %	7 385
PL	1 024	0.5 %	742	460	0.6 %	815
RO	643	16.1 %	286	3 934	8.4 %	2 641
SI	350	2.0 %	477	327	1.9 %	246
SE	80	0.3 %	50	234	0.55 %	8
Total*		4.4 %			4.3 %	

* Unweighted average of the reporting Member States. The weighted average amounts to 2.0 % for rejections by institutions in other countries, and 2.1 % for rejections by your institutions.

** For the nominator, see *Table 6*.

*** For the nominator, see *Table 4*.

Source: Administrative data EHC Questionnaire 2023 and 2024

6.4. Detected cases of fraud and error

Inappropriate use of the EHC is problematic for both the Member State of stay, which has to claim a reimbursement, and the competent Member State, which has to cover it. Safeguards to avoid misuse are provided in Decision S1 of the Administrative Commission concerning the EHC (e.g., cooperation between institutions to avoid misuse of the EHC, the EHC should contain an expiry date, etc.).

Whereas eight Member States⁴⁰ did not find any cases of fraud or error involving EHC, five Member States⁴¹ did report inappropriate use (*Table 9*). In terms of types of fraud and error, Spain reported cases of insurance in the Special Scheme for Self-Employed Workers, solely for the purpose of obtaining an EHC to access benefits in kind in another Member State. Once the EHC was obtained, the individuals ceased paying contributions under the Special Scheme for Self-Employed Workers but continued using the EHC during its validity period. Furthermore, similar cases have been detected in the Spanish General Scheme, where individuals register with very low contribution bases for the exclusive purpose of obtaining

⁴⁰ DK, EL, MT, RO, SI, FI, NO, and UK.

⁴¹ EE, ES, FR, HR, and AT.

an EHIC to receive benefits in kind in another Member State. Estonia reported that uninsured persons used an EHIC or PRC to receive healthcare abroad

The quantification of these cases in *Table 9* indicates that the highest number of cases was identified by Austria (839) followed by France (672), Croatia (115), and Estonia (53). Nevertheless, in terms of the amount involved, France reported the highest amount of EUR 3.4 million followed by Austria with EUR 362 902. The evolution from 2023 to 2024 indicates that France saw a large increase in the number of detected cases (from 22 cases in 2023 to 672 in 2024). For all the reporting Member States, the share of detected cases in total number of claims paid and in the amount reimbursed is limited, around 1 % to 2 %.

Table 9 - Number of detected cases of inappropriate use of the EHIC, 2024

	Total number of cases identified in 2023 ⁴	Total amount involved in 2024 (in €)	Share in total number of claims paid in 2024	Share in total amount reimbursed in 2024	Total number of cases identified in 2023
HR	115	n.a.	1.0 %		107
AT	839	362 902	1.1 %	1.2 %	718
EE	53	28 708	1.1 %	0.6 %	23
FR	672	3 459 762	0.16 %	1.8 %	22

* Based on the question: “Are you aware of cases of fraud or error with regard to the EHIC?”

Source: Administrative data EHIC Questionnaire 2025

In addition, Member States were asked whether they were aware of any intermediaries (websites or other) charging for advice on the application of the EHIC, which is not allowed. The United Kingdom noted that when websites acting as intermediaries for EHIC applications which charge customers a fee are found to be in breach of UK legislation, they are reported to UK trading standards.

Finally, Member States were asked if they are aware of other problems related to the use of the EHIC. Some problems which came up have already been mentioned in previous paragraphs, such as the difference between planned and unplanned necessary healthcare, the non-acceptance of EHIC for pregnancy and childbirth healthcare, and the fear of late/non-payment. Furthermore, it is difficult for patients to recognize whether the service provider in the respective Member State has a contract with the statutory health insurance. A uniform logo could possibly remedy this. A final suggestion is indicating the issuing date and/or starting date of the entitlement on the EHIC to avoid errors.

Annex I Information for the insured persons and healthcare providers

Table a1 - Information for the insured persons and healthcare providers, 2024

MS	Information for insured persons	Awareness-raising of the healthcare providers
BE		
BG	No	No
CZ	Lectures and presentations for health insurance funds and health care providers, other institutions and the public	No
DK	In 2024, the Danish Patient Safety Authority published press releases before the summer holiday about the coverage on the EHIC during temporary stays abroad. Every year the reports from the EU-Commission on the use of the EHIC and Directive 2011/24/EU are published on the website of the Danish Patient Safety Authority.	The regional patient advisors and the Danish Patient Safety Authority provide ongoing guidance to healthcare providers on the use of the EHIC. General Information about the right to cross-border healthcare under the terms of the Regulation and Directive 2011/24/EU is also available on the websites of both The Danish Patient Safety Authority and the five regional authorities in Denmark.
DE	The health insurance funds inform the persons insured with them by means of press releases, member magazines, travel mailings, as part of personal consultations, on the Internet, by displaying appropriate flyers, notices in companies and by providing information when sending the EHIC or PRC individually. The National Association of Statutory Health Insurance Funds (GKV-Spitzenverband, DVKA) regularly informs the German health insurance funds about the EHIC procedure both by means of publications (circulars, guidelines, etc.) and in seminars. Insured persons can find the series of information sheets "Vacation in..." on the website of the GKV-Spitzenverband, DVKA in the "Tourists" section. The leaflets explain, among other things, how health insurance benefits can be claimed in the respective member state using the EHIC. In addition, service providers also receive information from various German health insurance companies on how to use the EHIC.	The service providers are generally informed via their respective umbrella organizations. However, the GKV-Spitzenverband, DVKA is in contact with the relevant contact persons of the central associations of service providers and provides them with all relevant information. In cooperation with the respective central associations of service providers, leaflets on the contractual (dental) medical care of patients insured abroad have been developed. These leaflets contain comprehensive information on the procedure for presenting the EHIC or PRC. Service providers can access this information at www.dvka.de ("Service providers"). In addition, service providers also receive information from various German health insurance companies on how to use the EHIC.
EE	There were specific event in Valga to inform general population about Directive 2011/24/EU. We had regular campaigns to promote EHIC on school holidays.	There were no specific campaigns, but we did inform healthcare providers via regular information days.
IE	In 2024, the EU entitlement section of the HSE website was reviewed as is the case every year in order to improve ease of use and navigation by citizens. This section of the website provides information to Irish insured persons on their health entitlement in other Member States; and to people from other States either visiting or changing residency to Ireland.	We provide ongoing additional guidance to healthcare providers on the correct interpretation of entitlement under the EHIC, and on appropriate service delivery.
EL	The National Organization for the Provision of Health Services (EOPYY) regularly updates the website of the National Contact Point (NCP) for Cross-border Healthcare (https://eu-healthcare.eopyy.gov.gr/en/). The website contains elaborate and extensive information on both the Social Security Regulations as well as the Directive regarding patients' rights in cross-border healthcare. The website is available in Greek and English and it is built on the basis of the Commission's specific principles, guidelines and evaluation indicators for the member-states' NCPs as well as the usability and accessibility requirements of the National Digital Gateway pursuant to the European Regulation 2018/1724. The NCP website is also accessible on the EU website YourEurope (https://europa.eu/youreurope/). On September 17, 2024, Greece and Cyprus co-hosted joint national workshop on EU cross-border healthcare and rare disease reference networks, aiming to raise awareness among European citizens about cross-border healthcare, their rights as patients, and about existing European Reference Networks (ERNs) to support those who are affected by rare and complex diseases. The event was part of an initiative funded by the EU4Health programme, aimed at improving health across the Union and strengthening the implementation of the Cross-Border Healthcare Directive (CBHC).	a) Regular updates - The NCP website is organized with the aim of direct access to user-friendly information and It is the official database for cross-border healthcare under the EU law, providing a number of search tools with guides, checklists, frequently asked questions, application templates, useful links, etc. b) Regular updates - Circulars to the professional associations of health providers (pharmacists, hospitals, doctors) who treat EHIC holders regarding patients' rights; c) Regular updates - Guidelines to health professionals/providers (pharmacists, hospitals, doctors) who treat EHIC holders regarding their obligations towards the national statutory health insurance payer organization concerning t EL's health cost claims from the other EU member-states. d) Regular support and problem solving services for incoming and outgoing EHIC holders e) Ongoing collaboration and networking with patients' organizations. e) Ongoing collaboration and networking with patients' organizations. f)The single-day workshop gathered around 300 participants, onsite and online. It brought together Greek and Cypriot policy makers, representatives from national and local administrations, healthcare professionals, healthcare providers, health insurers, and patient organisations. Participants exchanged views and emphasized the importance of further collaboration to enhance the healthcare sector for everyone.
ES	No	This is competence of the Ministry of Health, Consumption and Social Welfare
FR	Cnam : Information campaign before the summer on the issuance of the EHIC. Information workshops by TRISAN about care covered by the Directive. CCMSA: No, there was no public information campaign in 2024.	Cnam : New explanatory form created for hospitals billing with the EHIC but not yet distributed. Workshop organized by TRISAN for healthcare professionals located on the German border for Directive care. CCMSA : No
HR	No new campaigns.	No newly introduced initiatives, all information can be found on line.
IT	All the information in this regard are easily retrievable on the website of our Health authorities	
CY		
LV	Regular informational campaigns are organized - especially, as summer/vacation time is approaching - about EHIC (how to receive and use it).	Healthcare providers are informed about EHIC on regular basis, and they contact us with their questions and problems.

Cross-border healthcare in the EU under social security coordination

MS	Information for insured persons	Awareness-raising of the healthcare providers
LT	The information about EHIC is available on the web page of the NHIF (this institution performs function of the National Contact Point (NCP) for Cross-border healthcare as well). This information is updated on the regular basis. NHIF representatives participate in various public fests or other public events and disseminate information to the public about EHIC. Information campaigns about the benefits of the EHIC via radio, television and social media are provided on regular basis as well.	
LU	no	no
HU	no	no
MT	EHIC public information campaigns were organised through webinars addressed to various stakeholders, Public Service Customer Website: servizz.gov and www.ehic.gov.mt. Also participated in TV broadcast and were present during an EXPO organised on the occasion of Public Service Week besides manned an information stand on the occasion of 'Europe Day' in Malta and Gozo.	Training sessions were held for the Health Care Providers working at different Healthcare Entities in Malta and Gozo, with the aim to provide information regarding the proper use of EHIC and issuance of the provisional replacement certificates. Online support was provided as required.
NL	There were no national campaigns, but the Competent Institutions informed their clients in different ways, like websites, Facebook, newsletters and letters going with the issued EHIC.	There were no National campaigns.
AT	o Information folders such as "Leistung & Service" and "Service von A bis Z" o Information campaigns via print media o Information campaigns via radio broadcasts o Information on the homepage of the social insurance institutions	No. When new contractual partners are trained, they receive information on the use of the EHIC. Some institutions also provide information on current developments by means of circulars.
PL	In October 2024 in cooperation with the European Commission (DG SANTE) we organized and hosted a national-level workshop on raising awareness of patients' rights to cross-border healthcare and European Reference Networks for rare diseases. The event was part of an initiative funded by the EU4Health programme and aimed at improving health across the EU and strengthening the implementation of the Cross-Border Healthcare Directive (CBHC). It gathered 317 participants, both in-person and remotely, including national and local authorities, healthcare providers, representatives from patient organisations and rare disease centers as well as patients. All participants received educational materials prepared by the EC covering the issues raised at the conference.	In October 2024 in cooperation with the European Commission (DG SANTE) we organized and hosted a national-level workshop on raising awareness of patients' rights to cross-border healthcare and European Reference Networks for rare diseases. The event was part of an initiative funded by the EU4Health programme and aimed at improving health across the EU and strengthening the implementation of the Cross-Border Healthcare Directive (CBHC). It gathered 317 participants, both in-person and remotely, including national and local authorities, healthcare providers, representatives from patient organisations and rare disease centers as well as patients. All participants received educational materials prepared by the EC covering the issues raised at the conference.
PT	The information regarding the application of the Regulations and the Directive is disseminated through the Directive Portal, the Nacional Health System Portal and the Patients Mobility Portal	No.
RO	The campaign for raising awareness of the provisions of the EU REG 883/2004 (concerning the EHIC or the rights given by the Directive 2011/24.EU) is given ongoing one in an effort to make the information more accessible and easy to force into practice.	The campaign for raising awareness of the provisions of the EU REG 883/2004 (concerning the EHIC or the rights given by the Directive 2011/24.EU) is an ongoing one in an effort to make the information more accessible and easy to force into practice.
SI	In 2024, as in previous years, the HIIS regularly informed the media about any novelties in the EHIC legislation, namely through press conferences or press releases. At every change, the information available on the ZZS website, on the ZZS automatic telephone transponder and the teletext of RTV Slovenia shall be supplemented accordingly. In particular, the ZZS informs insured persons about the novelties and how to use health services abroad, before the beginning of the annual winter and summer tourist season. On the basis of Directive 2011/24/EU and the Health Care and Health Insurance Act, the National Contact Point (NCP) for cross-border healthcare was also established in November 2013 to provide insured persons with information on the right to receive treatment abroad, the extent of reimbursement, etc. The tasks of the NCP are carried out by the ZZS.	ZZS regularly informs health care providers about all changes and innovations in the field of the use of EHIC and cross-border health care, through the media and especially as part of regular business contacts, with circulars and instructions. All information on the ZZS website and the NCP website is also available to healthcare providers.
SK	No	no
FI	Kela makes publicity during spring time to encourage clients to apply EHIC before summer holidays.	In fall 2024 Kela organised a meeting for public health care providers. During this meeting many topical issues concerning the cross-border health care were discussed.
SE	When customers visit the start page of our website (www.forsakringskassan.se), they can easily find a link to request an EHIC. Before the winter, summer, and autumn vacation periods, Försäkringskassan issues press releases to raise awareness, which are widely covered in national media and shared on social platforms. Additionally, we ran two campaigns in July and August 2021 highlighting the importance of timely EHIC orders and the rights it provides, focusing on social media platforms and our website. No similar initiatives were carried out regarding Directive 2011/24/EU rights.	We work closely with the regions and the National Health Guide 1177 to review the information on their website and in their leaflets about cross-border healthcare annually or as needed.
IS		
LI	No	No
NO	Information regarding the EHIC or reimbursement under Directive 2011/24/EU is available at www.helsenorge.no. Furthermore, helsenorge.no also allows for submitting electronic applications for the EHIC. A press release regarding the EHIC was also published in the month of May 2024.	The said information is available for healthcare providers at www.helfo.no.
CH	No public information campaigns. Switzerland does not apply Directive 2011/24/EU	Information for health care providers about use and validity of EHIC (information sheet, meetings). Switzerland does not apply Directive 2011/24/EU
UK	Gov.uk pages were updated to advise all UK citizens on available reciprocal healthcare benefits when travelling abroad. Advertising around the benefits of the GHIC entitlement was piloted in one UK airport, with a view to expanding this if successful.	NHSBSA (UK Liaison body) provides regular support in this regard to UK hospital trusts

Source: Administrative data EHIC Questionnaire 2025

Annex II Reimbursement claims between Member States

Table a2 - Number of claims received by the competent Member State for the payment of necessary healthcare received abroad, total, 2024

		Competent Member State																															
		BE*	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT*	CY*	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	IS*	LI	NO	CH	UK
Member State of treatment	BE		1 060	309	261	4 128	124	239	459	6 242	53 586	9	4 234	126	113	521		255	63	9 682	403	4 421	3 614	5 452		469	211	566	73	0	6	981	4 112
	BG	307		133	95	3 593	26	67	131	433	798	103	548	93	16	47		19	19	578	88	136	43	93		33	54	119	<5	0	0	46	1 246
	CZ	235	546		635	13 595	73	419	213	1 681	1 963	178	2 010	124	218	80		213	27	1 560	1 733	15 966	428	290		22 093	1 755	764	123	<5	6	770	4 542
	DK	141	84	128		11 282	23	0	31	15	614	40	464	<5	93	221		55	13	1 156	80	840	5	131		29	0	23	20	0	5	364	20
	DE	7 290	10 947	6 252	4 454		554	2 005	4 565	15 432	20 139	5 922	58 163	1 773	1 689	2 258		4 987	151	16 050	28 332	57 181	5 738	15 212		5 674	10 728	6 074	929	0	141	8 879	10 398
	EE	17	18	81	111	662		84	32	153	342	6	425	<5	355	87		25	<5	114	43	194	45	8		33	5 790	359	17	0	<5	52	7
	IE	18	76	114	<5	1 176	6		6	1 661	2 176	27	3 279	7	32	22		64	30	519	110	668	220	117		67	46	541	9	0	7	179	113
	EL	1 743	794	296	465	18 250	32	150	<5	188	8 757	5	2 308	896	21	39		11	23	3 494	590	618	44	365		84	473	2 306	30	0	0	510	1 482
	ES	26 213	3 219	3 046	5 398	67 751	967	15 300	887		110 542	568	45 789	62	1 663	1 426		836	382	26 778	4 170	12 706	13 895	9 619		1 174	7 276	13 846	2 416	0	27	11 465	50 111
	FR	27 069	1 995	595	1 103	9 250	98	853	301	16 836		119	9 849	80	149	652		297	49	16 376	478	1 997	6 578	1 436		259	1 448	685	139	0	119	3 922	11 791
	HR	539	17	3 948	860	74 638	43	443	23	344	2 453		7 779	8	29	107		992	41	2 583	17 658	5 404	86	145		2 327	195	2 301	54	0	9	2 739	1 857
	IT	5 292	366	3 342	1 846	37 823	128	581	150	2 771	17 300	410		13	130	253		261	104	5 987	4 665	6 676	534	4 840		719	410	660	70	0	14	5 547	12 791
	CY	52	93	11	35	79	5	16	<5	<5	415	0	31		11	7		<5	0	101	51	48	<5	93		14	82	185	<5	0	0	15	968
	LV	40	19	89	140	834	359	61	28	170	366	16	45	<5		567		24	13	187	79	514	99	24		42	426	753	16	0	<5	33	190
	LT	47	11	52	221	1 007	74	319	19	218	234	<5	273	9	194			6	8	221	38	557	36	27		24	96	337	55	0	8	59	1 601
	LU	4 270	23	57	23	763	8		45	282	3 290	40	469	<5	20	36		29	<5	546	28	143	1 242	110		31	64	37	<5	0	<5	84	154
	HU	266	74	793	233	5 381	34	42	39	652	1 427	111	1 304	22	34	29			30	1 120	3 188	512	115	2 375		1 397	167	592	54	0	<5	850	34
	MT	48	59	179	164	904	24	216	83	563	1 861	15	1 987	5	160	55		111		535	168	722	246	73		69	80	190	14	0	<5	123	31
	NL	5 952	17	298	430	12 026	121	0	299	1 875	2 484	135	3 499	107	108	433		285	31		391	1 871	531	291		376	411	388	180	0	147	608	1 484
	AT	1 760	872	7 009	5 108	143 398	215	831	590	2 923	4 384	1 623	18 909	142	304	418		4 763	106	25 923		8 570	733	2 495		5 326	805	2 782	309	6	18	6 744	6 023
	PL	3 315	656	6 184	5 390	118 150	63	6 631	161	2 987	6 165	125	11 000	155	207	369		282	110	7 671	4 374		356	296		744	624	5 911	1 854	0	11	2 513	23 572
	PT	4 650	51	850	31	21 268	126	1 234	199	3 051	146 266	186	3 222	8	174	233		347	52	6 793	1 136	3 773		222		291	624	1 442	100	0	<5	9 721	220
	RO	240	28	36	28	1 474	<5	40	23	557	1 120	0	1 701	10	<5	<5		254	26	406	157	50	33			15	17	190	<5	0	<5	39	201
	SI	225	43	761	111	5 697	26	117	57	390	826	1 565	6 017	7	18	34		155	40	267	4 016	656	113	70		276	82	218	31	0	0	710	990
	SK	168	42	14 130	304	3 559	23	537	43	599	431	71	1 237	42	28	121		613	32	730	4 407	1 842	66	118		65	506	193	<5	<5	1 045	2 543	
	FI	74	132	146	10	1 655	1 283	104	83	689	1 213	36	549	9	277	414		124	19	565	135	443	287	62		79		27	8	0	<5	330	25
	SE	392	86	513	93	9 399	425	0	336	1 074	2 804	193	2 019	38	653	409		318	38	2 197	500	3 703	421	851		363	<5		13	0	90	1 265	2 844
	IS	17	13	256	24	1 668	30	34	42	348	1 228	16	197	<5	177	7		54	8	418	183	504	232	19		61	<5	10	0		18	114	544
	LI	<5		7	<5	89	0	0	0	5	17	0	33	0	<5	<5		0	0	8	47	8	23	<5		6	<5	36	0	0		81	<5
	NO	41	20	24	29	1 078	30	19	8	81	436	6	70	<5	35	65		18	0	653	43	124	0	68		17	0	173	8	0	0	70	10
CH	1 888	474	523	547	17 760	88	82	276	5 028	19 063	215	5 395	106	83	58		481	39	2 754	1 323	1 148	4 281	739		400	263	649	143	0	81		3 411	
UK	54	438	85	9	2 029	0	0	146	19	379	33	3 301	187	186	113		0	0	993	161	1 162	8	930		142	10	230	94	0	<5	331		
Total	92 366	22 273	50 247	28 161	590 366	5 012	30 424	9 280	67 269	413 079	11 777	196 107	4 038	7 181	9 085		15 881	1 459	136 965	78 775	133 157	40 052	46 572	17 254	42 634	32 209	42 900	6 963	13	727	66 698	143 316	

* BE: data 2021. The number of E125 received only concerns forms received electronically; IT: data 2023; CY data 2023; IS: data 2019.

Source: Administrative data EHIC Questionnaire 2025

Table a3 - Amount paid (in €) by the competent Member State for necessary healthcare received abroad, total, 2024

Member State of treatment	Competent Member State																																			
	BE*	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL*	PT	RO	SI	SK	FI	SE	IS*	LI	NO	CH	UK*				
BE	1 590 558	278 715	126 855	4 640 774	70 188	491 010	1 269 976	6 393 955	69 124 742	53 182	213 213	656 281	220 376	60 011	12 917 261	219 837	4 057 847	7 075 785	7 449 052	462 375	177 965	564 986	371 634	0	675	5 114 808	0	0	0	0	0	0	0			
BG	91 062	109 900	47 646	3 082 221	15 106	58 382	192 637	384 956	343 351	34 610	5 913	40 378	12 295	16 234	374 991	56 996	97 783	49 214	55 021	36 828	49 765	69 796	2 900	0	0	1 144 069	0	0	0	0	0	0	0			
CZ	23 957	279 176	0	237 716	5 861 657	82 843	186 861	62 961	386 123	506 451	68 639	7 167	13 716	103 659	3 816	24 151	523 983	10 032 442	226	280 701	10 864 350	65 634	273 544	74 088	42 840	7 010	1 679 973	0	0	0	0	0	0			
DK	37 245	106 605	272 145	6 459 898	34 179	0	4 562	2 295	328 032	78 272	97 052	630 809	28 703	26 954	970 748	20 498	632 140	0	551	460 002	0	0	0	0	3 137	10 668	0	372	0	0	0	0	0			
DE	4 399 835	6 087 907	7 706 079	3 298 909	17 391	358 752	1 204 141	469 335	3 715 486	12 460 444	12 113 120	5 786 824	3 246 687	3 694 346	4 486 262	85 828	21 520 513	15 604 943	34 792 700	8 662 263	25 199 179	5 752 482	1 179 599	5 066 642	165 484	0	57 885	11 330 686	0	0	0	0	0			
EE	827	147	11 804	17 391	358 752	1 907	3 965	18 742	63 943	535	67 689	20 582	2 371	1 988	15 395	13 396	15 571	0	861	4 799	1 780 609	61 157	1 783	0	0	1 174	0	0	0	0	0	0	0	0		
IE	3 337	2 897	11 983	0	167 934	223	1 458	283 094	394 940	6 828	70 053	8 408	16 166	2 259	64 341	25 760	109 947	168 325	124 962	0	0	0	0	0	0	0	850	0	0	0	0	0	0	0		
EL	483 451	220 001	233 338	354 974	10 778 381	7 968	96 739	131	185 849	2 007 648	6 865	48 138	16 976	867	3 005	445 091	508 681	268 379	362	455 000	34 964	549 906	1 024 969	29 161	0	0	3 327 232	0	0	0	0	0	0	0		
ES	8 618 342	2 086 928	2 076 605	2 368 109	41 478 789	757 925	2 945 791	440 304	39 573 883	219 679	394 267	758 811	344 740	263 330	7 224 736	2 112 682	3 398 980	15 057 033	8 934 682	753 800	5 944 073	7 887 853	1 779 717	0	60 644	42 701 997	0	0	0	0	0	0	0	0		
FR	11 238 089	92 216	1 448 459	1 175 129	17 234 830	208 806	589 959	1 594 832	16 735 696	569 220	1 174 769	2 585 219	580 926	48 915	21 129 366	910 154	3 556 642	49 064	7 882 114	302 426	486 988	2 917 466	335 303	0	48 733	27 769 577	0	0	0	0	0	0	0	0		
HR	63 978	6 803	541 224	33 920	12 655 208	5 571	197 906	11 410	41 686	478 652	3 410	37 575	220 229	3 526	433 481	2 305 811	424 816	0	65 659	320 756	66 607	462 071	516	0	1 743	765 395	0	0	0	0	0	0	0	0		
IT	1 799 361	465 410	2 451 582	462 376	22 880 231	113 661	212 132	343 298	2 421 850	6 040 755	405 434	198 625	324 358	264 016	119 704	3 519 766	2 305 013	2 812 937	900 282	11 755 182	785 662	316 768	861 208	86 004	0	2 791	15 127 220	0	0	0	0	0	0	0	0	
CY	10 166	99 292	3 321	15 304	42 481	20 207	14 327	353 846	2	61 355	0	34 743	5 324	124	0	26 769	25 310	54 441	724	242 238	1 781	46 788	80 473	398	0	0	1 757 024	0	0	0	0	0	0	0	0	
LV	2 229	521	3 563	13 707	98 213	60 433	4 303	815	23 148	43 453	2 216	110 109	1 651	525	25 826	4 883	35 391	0	7 805	6 082	59 544	47 050	1 465	0	77	51 364	0	0	0	0	0	0	0	0		
LT	4 485	333	8 161	88 791	223 044	14 801	183 449	1 589	52 945	42 179	252	97 758	317	668	49 899	9 856	167 849	0	2 530	6 405	45 170	65 757	9 712	0	1 555	538 270	0	0	0	0	0	0	0	0	0	
LU	1 658 721	26 092	58 454	1 619	1 369 335	2 492	0	49 535	471 493	4 190 079	26 310	5 522	24 707	44 747	419	75 501	6 165	276 251	11 864	349 529	9 370	19 285	162	556	0	287	219 029	0	0	0	0	0	0	0	0	
HU	46 192	9 019	148 965	20 272	837 855	1 833	1 856	5 489	49 992	220 997	27 542	863	4 117	1 718	183 918	379 710	63 219	0	1 133 036	228 351	41 567	119 187	18 322	0	24	117	0	0	0	0	0	0	0	0	0	
MT	4 806	24 706	66 496	88 762	400 333	11 917	73 064	15 710	297 939	544 266	9 510	33 973	48 437	25 781	242 464	48 077	224 544	912	44 061	31 791	48 608	73 776	1 974	0	24	0	0	0	0	0	0	0	0	0	0	0
NL	5 031 025	3 870	252 400	443 393	15 227 687	103 256	294 181	13 090	1 240 835	1 404 883	69 909	1 150	445 113	243 258	16 209	171 932	2 164 072	1 128 356	943 762	396 049	249 203	373 120	280 679	0	39 688	2 104 723	0	0	0	0	0	0	0	0		
AT	762 375	379 361	6 285 331	2 320 379	82 476 787	121 505	53 647	289 542	1 853 384	2 167 198	2 286 166	215 892	326 972	4 311 604	64 367	23 797 261	0	4 028 345	123 863	3 573 946	5 809 828	766 313	2 186 253	464 271	62 423	4 385	6 452 565	0	0	0	0	0	0	0	0	
PL	332 483	75 805	1 310 599	639 764	28 957 625	15 813	3 086 257	50 202	648 217	1 486 462	32 387	108 383	201 821	55 762	11 954	1 588 440	789 566	0	119 136	276 981	121 894	2 063 027	388 136	0	2 430	7 155 767	0	0	0	0	0	0	0	0	0	
PT	954 940	2 335	94 457	1 101	3 754 576	13 655	475 678	20 870	589 167	25 438 211	29 211	26 150	26 805	38 046	6 739	1 151 964	133 296	277 141	0	36 174	25 480	179 450	395 251	32 080	0	354	0	0	0	0	0	0	0	0		
RO	41 767	5 274	17 280	5 513	789 273	802	8 714	15 486	189 261	227 759	0	2 037	983	125 871	2 396	68 163	102 838	6 629	4 455	7 402	39 885	90	0	0	421	157 590	0	0	0	0	0	0	0	0	0	
SI	79 014	21 814	294 193	62 088	3 016 317	11 175	81 924	18 670	113 241	434 997	747 581	4 263	20 100	127 970	6 687	64 600	1 235 404	101 171	4	54 793	20 106	208 986	22 542	0	0	341 625	0	0	0	0	0	0	0	0		
SK	80 999	11 381	4 937 190	60 413	1 296 319	6 447	450 697	113 485	217 745	65 458	68 665	11 716	162 388	302 166	9 403	216 430	1 073 939	530 386	39 190	63 896	13 502	54 605	39 057	6 480	138	1 004 733	0	0	0	0	0	0	0	0	0	
FI	5 500	29 300	54 515	333	1 839 720	1 437 370	73 783	151 863	460 170	628 296	15 082	591 096	363 264	89 465	20 609	518 854	69 320	227 825	0	67 858	78 450	0	9 917	0	91	0	0	0	0	0	0	0	0	0	0	
SE	188 166	79 044	283 935	31 202	6 419 974	526 552	0	233 583	640 425	1 639 869	230 673	448 940	635 857	341 491	28 078	1 944 099	277 442	2 303 036	0	1 017 187	457 578	196	1 557	0	54 178	3 103 549	0	0	0	0	0	0	0	0	0	
IS	1 153	3 087	552 469	1 040	1 330 241	154	7	25 402	342 601	1 196 669	3 108	0	2 160	16 964	3 630	523 752	14 737	590	0	1 693	786	452	0	0	0	0	923 368	0	0	0	0	0	0	0	0	
LI	430	0	1 808	4 683	53 470	0	708	0	878	3 396	0	0	0	0	8 422	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
NO	4 528	15 536	66 107	3 369	4 484 124	116 381	13 611	58 360	280 911	557 841	40 957	94 691	173 397	72 316	0	1 775 222	140 385	365 440	0	268 062	90 875	0	14 072	392	0	0	0	0	0	0	0	0	0	0	0	
CH	1 701 076	300 478	1 481 973	456 852	39 070 019	44 133	99 105	1 433 304	5 647 261	23 311 654	495 147	80 128	98 748	1 178 885	153 803	4 381 553	1 889 346	1 129 935	10 600 789	2 148 629	890 078	781 114	1 221 101	418 966	0	38 031	8 413 868	0	0	0	0	0	0	0	0	
UK	4 668	590 395	118 149																																	

Table a4 - Number of claims issued by the Member State of treatment for necessary healthcare, total, 2024

		Member State of treatment																														
		BE*	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY*	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	IS*	LI	NO	CH
Competent Member State	BE		414	433	196	4 335	37	83	1 261	22 567	15 581	51	14	73	59	227	156	6 154	7 441	3 279	3 120	139		81	164	716	34	<5				167
	BG	1 579		301	78	6 776	8	36	591	2 728	323	600	442	17	19	76	35	480	977	608	211	11		48	61	144	<5	0				201
	CZ	534	223		127	5 801	81	110	263	2 964	583	3 860	25	89	52	617	133	571	6 605	6 144	845	24		4 736	140	507	88	7				0
	DK	213	158	612		4 306	111	0	461	4 963	1 193	791	26	139	221	223	160	592	4 961	5 702	26	18		105	0	88	12	<5				2 022
	DE	4 975	4 799	13 885	11 218		648	1 148	18 219	66 829	9 398	74 310	114	833	1 007	5 353	845	23 952	149 710	120 910	21 182	1 096		3 565	1 593	9 390	663	80				0
	EE	102	24	82	23	478		6	32	966	98	42	13	359	74	31	23	223	193	69	122	<5		14	1 198	475	12	0				0
	IE	277	78	488	<5	1 927	86		143	15 334	1 004	419	34	62	332	41	216	987	812	6 495	1 260	32		309	104	154	43	0				144
	EL	591	205	251	49	4 760	31	6		889	297	22	748	28	19	37	82	711	604	170	344	17		7	90	382	8	<5				0
	ES	3 751	235	1 464	354	10 657	143	1 737	168		6 467	345	18	246	210	430	603	2 273	2 067	2 223	9 494	59		398	538	1 086	262	<5				0
	FR	264 737	437	1 584	513	16 489	302	1 431	2 596	79 900		1 734	33	292	151	742	1 171	2 598	3 972	5 104	115 531	266		169	719	2 385	337	24				33
	HR	212	16	254	43	6 321	6	26	17	568	189		<5	17	<5	123	27	315	1 744	116	191	<5		65	36	204	28	0				1 080
	IT	9 342	762	2 202	396	22 392	195	976	1 290	49 991	7 937	4 075	47	304	158	506	2 515	3 464	13 365	4 323	5 603	1 596		635	602	2 048	194	25				41
	CY	42	72	143	10	835	17	<5	786	173	14	<5	<5	18	7	16	259	118	77	29	7		5	7	43	<5	0					186
	LV	191	<5	213	93	1 333	334	32	18	1 191	149	28	44		190	30	160	267	316	168	364	6		120	49	644	69	<5				220
	LT	602	43	186	223	4 130	164	43	29	1 365	714	92	21	936		21	52	920	404	674	235	0		40	433	915	31	0				36
	LU	11 603	10	98	57	7 904	19	0	100	1 792	1 561	161	2	9	18	77	15	1 072	4 364	659	9 931	10		60	44	<5	12	0				0
	HU	401	28	318	53	5 056	25	49	100	1 797	305	932	20	20	6		105	711	4 410	264	352	108		705	115	317	46	0				0
	MT	25	25	30	13	149	<5	30	19	451	54	326	<5	13	8	29		91	99	61	52	<5		33	19	41	12	0				741
	NL	7 891	558	1 300	746	10 409	84	224	1 102	16 834	4 575	1 631	20	128	139	829	256		13 294	12 207	3 397	49		200	336	1 971	203	11				222
	AT	350	635	3 048	205	20 487	40	118	578	4 485	613	15 934	18	100	39	4 259	163	901		7 038	1 125	167		3 097	167	822	57	358				726
	PL	3 977	171	2 776	462	33 844	98	335	393	6 456	1 726	2 723	31	306	191	273	381	2 607	4 676		1 937	<5		1 348	236	1 973	195	59				0
	PT	3 759	35	341	0	3 045	33	220	43	13 880	3 007	86	6	99	35	104	121	1 155	567	298		<5		47	140	422	119	23				508
	RO	2 972	157	220	105	7 758	14	32	342	6 772	1 031	58	126	13	16	2 189	47	552	2 714	162	228			76	49	422	6	0				21
	SI	655	52	219	31	2 956	<5	8	106	514	219	10 423	<5	25	5	137	34	209	2 541	46	193	12		75	51	78	16	0				165
	SK	754	74	25 890	38	6 061	35	63	94	1 266	329	2 600	42	48	29	1 333	82	699	5 818	812	362	11		85	396	43	9					0
	FI	148	55	254	15	1 739	5 341	40	143	4 315	243	173	19	420	94	138	77	642	756	619	550	<5		30		38	<5	<5				0
	SE	464	165	741	31	5 884	365	0	2 142	13 876	2 092	2 021	74	578	390	555	175	859	3 119	6 022	1 349	93		205	0	64	30	<5				0
	IS	20	8	136	7	323	14	<5	31	2 341	67	62	0	15	121	39	7	124	207	1 640	120	6		110	0	<5	0					11
	LI	0	0	10	<5	89	0	0	<5	43	11	8	0	0	<5	6	<5	6	281	15	19	0		6	0	148	0					<5
	NO	181	156	546	13	2 686	256	40	255	7 320	548	653	25	194	699	313	80	630	723	11 404	<5	18		501	0	6	11	0				0
CH	1 691	159	1 398	381	9 683	59	167	527	11 515	3 850	2 746	8	67	60	988	139	1 193	7 402	2 826	9 767	58		1 135	302	1 277	141	31				333	
UK	3 575	1 968	3 523	25	7 520	6	0	3 204	57 543	12 020	1 443	2 274	181	1 030	39	19	2 454	5 296	22 097	66	180		1 558	0	1 129	596	0				0	
Total	325 614	11 726	62 946	15 508	216 133	8 557	6 966	35 054	401 628	76 198	128 352	4 253	5 615	5 395	19 772	7 897	57 671	249 556	222 232	188 009	3 994	17 725	19 483	8 193	28 291	3 275	642		59 353	6 858		

* BE: data 2021; CY data 2023; IS: data 2019.

Source: Administrative data EHC Questionnaire 2025

Table a5 - Amount received (in €) by the Member State of treatment for necessary healthcare, total, 2024

Competent Member State	Member State of treatment																															
	BE*	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	IS	LI	NO	CH	UK
BE		128 341	135 284	191 443	4 949 423	10 237	21 129	544 739	10 004 431	23 284 972	9 845		53 700	4 730	11 020		33 707	76 982	7 834 999	3 882 236	385 479	85 772		23 672	181 169	367 644	35 836	4 022	0		587 318	
BG	1 706 146		189 854	105 595	7 884 161	4 25	4 425	845 411	1 827 043	2 054 444	101 854		573 716	521	2 372		20 375	89 793	1 022 886	1 142 974	139 455	2 335	5 054		41 078	58 811	75 753	7 540	0	0	237 236	
CZ	485 478	7 734		14 099	6 515 661	11 782	7 246	220 354	1 165 960	1 456 258	538 520		13 691	10 052	8 235		115 360	62 373	457 658	5 655 486	1 370 977	70 432	16 115		1 663 347	53 890	250 001	111 668	1 800	0	2 959 487	
DK	66 074	82 422	200 109		3 533 616	11 112	0	288 787	2 340 066	1 379 773	123 981		5 982	13 678	60 420		20 961	156 922	750 535	2 821 125	1 004 901	2 974	6 758		29 762	0	37 230	2 458	4 408	0	0	
DE	3 279 364	2 352 611	6 021 949	6 277 628		357 801	299 585	10 862 300	41 810 557	17 451 523	12 672 680		111 605	105 335	223 563		796 883	406 875	30 547 741	80 457 321	27 037 226	4 029 105	780 055		1 305 454	1 879 659	5 749 231	576 826	62 500	0	0	
EE	18 898	17 015	111 569	42 954	389 345		223	6 736	763 790	202 243	5 571		8 628	60 433	14 745		1 683	17 400	398 079	68 128	17 729	31 809	802		6 800	1 633 319	525 812	7 438	0	0	0	
IE	133 339	57 248	150 591	0	846 504	22 126		151 031	2 964 217	1 875 335	61 872		6 237	4 615	165 032		4 082	172 643	894 104	526 992	1 624 239	152 644	23 162		76 217	132 676	1 043	3 435	0	0	386 387	
EL	548 822	183 637	74 742	6 255	3 555 501	3 184	1 458		443 725	926 638	6 765		8 659	2 435	2 535		4 271	41 522	583 694	219 264	45 415	57 038	15 486		431	151 306	291 738	10 028	148	0	0	
ES	2 844 564	133 295	329 544	33 899	6 899 430	18 171	359 861	157 123		9 572 503	40 206		12 601	21 057	45 147		21 519	309 045	1 949 997	1 009 414	606 669	164 670	40 709		93 506	453 581	432 797	158 725	663	0	0	
FR	50 130 969	149 582	533 285	209 785	9 435 800	62 019	233 215	1 230 911	23 592 069		420 712		12 004	22 171	37 530		104 621	499 362	3 971 677	2 033 380	1 420 677	73 683	170 963		24 982	590 815	1 122 640	348 081	11 768	0	68 779	
HR	71 966	24 726	75 227	25 408	5 774 684	535	13 454	7 219	145 633	576 358			0	22 585	252		34 232	15 894	326 485	1 798 261	39 305	29 964	1 024		31 373	15 082	518 724	3 480	0	0	1 777 308	
IT	3 117 102	282 123	583 595	596 196	16 364 726	48 504	227 691	977 028	49 056 933	14 998 063	604 932		6 147	6 231	29 443		86 612	1 132 009	2 336 895	6 602 354	1 197 659	856 931	1 362 785		294 755	693 669	580 811	10 943	16 503	0	96 303	
CY	39 683	5 560	37 318	49 530	435 922	3 580	0	564 133	0	2 900	128			0	2 199		1 440	10 398	129 850	47 122	20 170	0	4 649		743	1 199	6 605	62	0	0	417 017	
LV	113 418	5 904	103 115	259 551	1 804 195	130 618	70 053	35 767	392 642	447 193	4 110		7 319		99 677		1 906	109 963	889 361	296 098	40 639	32 056	2 032		42 828	11 458	1 091 009	22 445	113	0	520 967	
LT	718 089	33 921	58 445	611 375	4 447 094	32 750	7 858	16 475	753 622	2 447 115	35 589		22 917	110 061			2 156	59 292	1 600 866	251 747	281 692	29 401	0		20 714	506 310	643 567	7 739	0	0	51 898	
LU	5 117 970	9 117	27 314	41 560	5 708 764	2 349	0	45 294	355 945	4 433 996	41 565		749	1 495	1 709		8 558	7 221	3 923 163	1 418 744	156 476	1 929 266	3 702		36 222	59 595	192	115	0	0	0	
HU	385 574	7 621	154 254	30 410	4 832 605	2 371	5 027	117 431	921 906	552 907	212 380		14 604	672	317		25 781	531 348	4 624 438	41 067	24 778	47 037			439 978	102 300	868 645	2 782	0	0	0	
MT	11 315	16 453	3 094	128 339	84 698	1 988	182	2 398	320 848	49 116	80 026		3 318	4 393	668		1 590		10 096	61 639	9 266	4 242	32		9 556	20 609	46 502	18 354	0	0	1 407 363	
NL	9 288 551	319 441	825 312	447 463	12 777 816	14 311	62 150	1 108 656	10 573 091	14 450 923	358 891		10 879	9 496	44 176		131 145	179 349		13 827 046	3 149 219	1 023 416	50 091		95 935	478 484	1 079 525	114 143	8 307	0	240 349	
AT	200 273	158 395	1 610 379	50 743	13 686 472	12 094	24 999	423 631	2 276 937	1 363 798	2 646 548		8 111	4 039	6 386		790 848	95 257	644 731		2 019 738	161 657	122 885		1 260 756	105 782	356 305	47 028	14 255	0	2 310 219	
PL	3 852 215	29 865	1 615 085	358 757	42 737 890	17 646	0	281 704	0	4 933 711	430 478		18 489	9 137	82 101		59 248	246 741	4 982 931	4 256 929		28 270	131		900 376	232 737	1 468 024	78 210	122 602	0	0	
PT	2 398 452	39 961	90 172	0	2 142 054	3 854	168 325	153 607	15 052 343	10 190 733	6 754		11 764	0	3 193		15 624	48 378	1 249 018	408 474	89 370		0		17 829	253 446	15 934	1 548	70 678	0	1 688 433	
RO	3 851 888	78 314	211 366	459 996	13 174 142	1 005	124 955	451 049	9 355 012	5 150 487	13 138		165 988	7 875	29 549		752 181	43 505	1 212 789	3 537 720	29 512	31 847			59 407	32 139	722 078	2 025	0	0	10 481	
SI	517 992	11 877	95 132	7 933	2 758 999	79	587	33 561	171 352	390 283	1 672 390		506	3 409	590		14 425	4 078	3 926 180	34 210	15 942	203			11 843	42 046	41 233	4 478	0	0	418 866	
SK	721 049	54 053	14 431 052	8 483	5 463 358	5 934	14 008	60 055	406 108	993 417	330 282		12 563	4 699	8 092		202 349	30 749	873 987	6 273 526	235 535	46 785	4 692			40 575	479 564	12 347	1 950	0	0	
FI	63 196	27 489	62 391	0	950 025	1 790 109	13 732	116 576	2 880 533	440 633	61 983		31 302	45 068	43 575		33 865	45 902	397 507	713 025	122 790	79 301	11		1 022		40 076	467	761	0	0	
SE	181 796	128 238	222 391	0	3 140 467	125 998	0	949 260	7 880 743	2 937 833	327 468		53 153	45 859	66 389		89 587	54 943	934 367	1 563 836	1 407 093	462 047	50 953		50 439	0		3 540	416	0	0	
IS	2 346	9 211	36 311	0	86 271	3 535	0	4 714	1 289 535	351 495	9 615		75	1 225	20 927		12 037	1 908	319 453	125 795	363 991	3 363	3 459		48 601	0	1 654	0	0	0	3 322	
LI	0	0	2 091	0	87 946	0	0	418	34 903	75 724	1 750		0	0	101		216	30	-10 088	191 221	290	417	0		3 215	0	3 514	0	0	0	588	
NO	117 153	80 675	112 179	0	1 565 141	135 856	1 032	190 405	6 556 747	1 021 031	110 511		33 461	9 735	192 932		28 956	145 657	883 415	415 695	2 275 054	371	11 870		118 133	0	79 051	1 011	0	0	0	
CH	1 096 999	23 495	523 931	208 614	9 739 230	11 185	57 836	363 149	5 719 425	8 967 087	434 490		15 131	2 061	24 024		168 653	82 312	1 399 662	4 832 275	600 274	615 739	21 092		372 479	408 816	696 369	130 130	75 996	0	475 799	
UK	1 801 792	896 516	1 288 667	0	5 787 942	1 613	0	3 394 349	43 734 332	25 997 898	392 015		2 796 802	9 545	380 324		6 627	7 601	4 593 375	5 072 356	5 796 844	7 666	125 499		656 866	0	1 397 857	259 885	0	0	96 968 947	
Tot	92 885 471	5 354 839	29 895 746	10 166 015	197 559 882	2 842 774	1 719 050	23 624 270	242 790 451	158 976 390	21 757 049		4 020 100	542 613	1 607 222		3 568 715	4 179 882	75 963 897	158 060 801	51 941 316	10 353 617	2 957 024		7 143 113	7 738 317	8 139 470	18 991 125	1 982 765	396 891	0	96 968 947

* BE: data 2021; CY data

Annex III Practical and legal difficulties in using the EHIC

Table a6 - Refusal by healthcare provider, 2024

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
BE				
BG				
CZ	Y	Yes. The reasons are usually low knowledge of procedures, preference of cash payment, administrative burden etc. Refusals usually concern primary outpatient care, mainly in the locations with a small proportion of foreign patients. Assessment of the scope of medically necessary healthcare causes difficulties.	Y	Yes. We have no information why EHICs are not accepted; however we presume the reasons are usually the same as in our country. We usually try to solve the situation directly with the health care provider or a foreign liaison body.
DK	Y	Although both the regional patient advisors and the Danish Patient Safety Authority continuously try to raise awareness among healthcare providers about access to healthcare benefits on the EHIC, some healthcare providers still have difficulties distinguishing between "unplanned necessary healthcare" and "planned healthcare". If the Danish Patient Safety Authority or the regional patient advisors become aware of cases of refusals to accept the EHIC, they try to resolve the case by contacting the healthcare provider. The Regulation (EC) No. 1231/2010, which extends the coordination rules to third country nationals, does not apply to Denmark. This means that Danish healthcare providers will refuse to accept the EHIC of third country nationals - unless the person can provide proof that he/she is recognised as refugee or stateless in another Member State, is insured as a dependent family member of an EU/EEA or a Swiss national, are residing in another Nordic country and thus are covered by the Nordic Convention on Social Security or they fall under the scope of the Trade- and Cooperation Agreement between EU and the UK.	Y	From time to time, Danish insured persons report challenges with acceptance of the EHIC in other Member States. In some situations healthcare providers prefer payment upfront for healthcare benefits, which ought to be covered by the EHIC. The reason given, is uncertainty about the scope of "necessary healthcare" or challenges in connection with the reimbursement procedure.
DE	Y	It is known that not all healthcare providers in Germany and abroad accept the EHIC. Reasons that may play a role in relation to German service providers include the fact that the procedure may not be known or may be perceived as too complex. Although the EHIC is physically similar to the German health insurance card, it cannot be scanned electronically. Instead, the EHIC data must be recorded and forwarded to the health insurance company, which the patient must first choose. In the individual cases that have come to light, specific information and advice was provided to the service providers by telephone or in writing (e.g. with references to corresponding information material). The queries that the GKV-Spitzenverband, DVKA receives on this topic show that both the service providers and the German health insurance funds often see a problem in the design of the respective foreign EHIC. If the design of the foreign EHIC deviates from the model EHIC shown in Resolution No. S2, this usually leads to uncertainty and acceptance problems.		
EE	Y	There have some problems that have occurred in acceptance of EHIC, but we have resolved them all case by case. In case the doctor have had doubts, they have turned to us and we have the explained situation and regulations.	Y	In several cases health care providers abroad have refused to accept EHICs for benefits in kind related to pregnancy and childbirth. In several cases health care providers abroad have refused to accept Estonian PRC. PRC's issued by Estonia do not contain EHIC card details (number, period). We cannot add them if the person does not have a EHIC card. In those cases we have contacted those healthcare providers and explained, why we can't add those numbers.
IE	N	No.	N	No
EL	N	No.	Y	The Mutual Health Fund of National Bank of Greece Personnel has reported two cases in which healthcare providers established in the Netherlands and Switzerland refused to accept EHICs. No information has been provided regarding the reasons for these refusals.
ES	N	No	Y	The use of the EHIC in France, except when presented to hospitals, means that the person concerned has to request the reimbursement of expenses in a health insurance fund, where they often indicate the suitability of requesting the reimbursement of expenses directly from the competent institution in Spain. All this results in an unnecessary administrative burden on our managing centres.
FR	Y	CNSE : Raising awareness among French establishments of the rules governing cover under the EHIC. The pedagogy is rather the opposite and concerns cases where establishments must refuse the EHIC. CCMSA: Most cases of refusal of the EHIC are linked to the existence of a previous EHIC that is still valid. In this case, the lost or stolen EHIC must be declared. A Provisional Replacement Certificate is then sent to the policyholder.	Y	CNSE : Private establishments in Spain, Italy, Poland, etc. When we ask governments about their refusal to issue EHICs, they justify this on the grounds that the care establishments are private. There is also a problem with Switzerland, which refuses EHICs for third-country nationals insured in France. CCMSA: We are not aware of any cases of EHIC refusal by healthcare providers abroad. If the establishment or health care provider in the country of treatment does not accept (or has refused) the EHIC, the insured person will advance the costs and send the receipted invoices to the MSA fund for reimbursement. (e.g. skiing vacations abroad). We have no information to share with you about the frequency of and reasons for these refusals.
HR	Y	Yes, there are some cases, usually health care provider wants to be paid immediately by the patient.	Y	Yes, for the same reason as the above.

Cross-border healthcare in the EU under social security coordination

MS	Y/N	Refusal in your country	Y/N	Refusal in another country
IT	Y	We have very few cases in this regard but frequently refusals are correct as the person concerned does not have the required entitlement documents according to the EC Reg. 883/2004. When acquainted on refusals we get in touch with the local healthcare providers aiming to ascertain if the refusal is correct and if this is not the case we intervene in favour of the interested person.	Y	Yes, many of our insured persons report such problem. It is difficult to know the real reasons of them but hint of the refusal reason can be retrieved in many situation where a costly treatment is concerned regardless that the person accessed the Hospital in an emergency condition. In 2024 this phenomenon is increased and we can estimate, according to complaint received, that at least 5% of persons treated had received an unjust huge invoice. We tried to support our insured trying to have the invoice in their name cancelled by the institution of the place of treatment.
CY				
LV	N	No cases were reported in 2024.	N	No cases were reported in 2024.
LT	N	No, we are not aware.	N	No, we are not aware.
LU	Y	There are some refusals of the EHIC in case of planned treatment. No precise numbers are available.	Y	There are refusals from healthcare providers choosing to bill the higher price of the private system instead of applying the EHIC procedure. No precise numbers are available.
HU	Y	In a few cases, the main reason of refusal to accept EHIC is that due to the medical staff, the treatment concerned is planned and/or could be delayed until return to the competent MS.	Y	The main reason of refusal to accept the EHIC in other MSs is that the person concerned has a residence in the MS concerned so the stay cannot be longer taken into consideration as a temporary one. The other reason of refusal is that the treatment concerned can be delayed until return back to Hungary.
MT	N	No, we are not aware of such cases.	Y	Eighteen (18) EHICS issued by Malta were refused by Healthcare Providers in FR, DE, IT, LU, NL, SL, SE, CH. The MT Competent Institution reimbursed the holders of EHICS issued by MT on presentation of original receipts through S067 route.
NL	N	No. Sometimes the competent institution receive bills directly from insured persons, but we don't know if refusal of the EHIC is the reason for this.	Y	Yes, but the competent institutions have no accurate information on reasons or frequency. Our Competent Institutions solve this cases in different ways, mostly via the service of SOS International.
AT	Y	Yes, there have been a few such cases. Charging private fees is more attractive than the "complicated" subsequent billing via the health insurance fund. If a patient approaches a health insurance fund, clarification can often be obtained by telephone.	Y	Time and again, insured persons report problems with the acceptance of the EHIC. One of the reasons is the low administrative effort involved in treating insured persons as private patients. In some cases, attempts are made to read the card electronically or the procedure for using the card is not known.
PL	Y	There are instances where healthcare providers do not accept EHICs when a person is a Polish citizen (has a personal identification number - PESEL) but in fact is insured in another EU/EFTA member state, in which an EHIC has been issued. Healthcare providers try to verify the insurance status of such a person in the eWUS system, which is dedicated for persons insured in Polish healthcare system. Regional branches of NFZ inform contracted healthcare providers how to handle patients with EHICs from another member state. Other cases refer to situations where the card format is not in line with Decision S2 (available in the application on the phone, in Polish, when the card shows the first letters of the holder's name and surname, etc.).	Y	There are instances where healthcare providers from other EU/EFTA member states require S2 document from patients during their temporary stay in that country, or that EHIC is not being accepted due to the fact that it lacks a chip. Department of International Affairs, as a liaison body intervene in an institution of a given member state on request made by a person concerned.
PT				
RO	N	As far as we are aware there were only question concerning the period of the validity of the EHIC, problems that there were resolved based on the direct communication with the medical suppliers.	N	There were no such cases registered.
SI	N	To date, the ZZS has not been informed of such cases either by foreign insured persons or foreign insurance institutions.	Y	In 2024, the ZZS was informed by Slovenian insured persons about some cases of rejection of EHICs by healthcare providers in other countries and resolved them with competent foreign insurance institutions.
SK	Y	No, specific cases are not reported to us, but we know that it is happening.	Y	Yeah. However, policyholders will no longer tell us which foreign EHIC SK provider has declined. We know that this happens a lot.
FI	N	Concerning the year 2024 Kela is not aware of cases where a public health care provider in Finland would have refused to accept EHIC. If Kela had received feedback about a possible refusal to accept EHIC when the health care in question would have been considered medically necessary, Kela would have been in touch with the public health care provider and informed them about the person's right to health care with the EHIC.	Y	Concerning the year 2024 Kela has very rarely been informed about cases of refusal to accept an EHIC granted by Finland by health care providers established in other countries. There have been cases where a person insured in Finland and staying temporarily in another EU- or EEA-country or Switzerland has informed that the country in question wants the person to provide the portable document S1, but in most of these cases the country of stay has considered the person to live permanently there. There has also been cases where the customer has been asked to provide the EHIC replacement certificate despite the fact that he/she has presented a valid EHIC. Quite often Kela receives feedback from customers concerning the language of the EHIC card. The customers ask why the Finnish EHIC cannot be granted in English, which is a language understood by most people in the different countries.
SE	Y	Yes, this occurs occasionally. Healthcare providers may be unsure whether they can accept the foreign EHIC. Unfortunately, we cannot provide statistics or specific reasons, as we are not always informed of the circumstances.	Y	We have encountered a few cases where our insured individuals have not received necessary healthcare using their EHIC, but we cannot provide any statistics.
IS				
LI	N	No	N	No
NO	N	No	N	No
CH	Y	Private health care providers are not obligated to accept the EHIC. But there is no quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment if nothing else is arranged. The EHIC guarantees tariff protection. The patient pays the invoice and sends it either to his competent institution or to Gemeinsame Einrichtung KVG for reimbursement.	Y	Private health care providers are not obligated to accept the EHIC. But there is no quantification possible. In cases of out-patient doctor's treatment, the patient receives the invoice for direct payment if nothing else is arranged. The EHIC guarantees tariff protection. The patient pays the invoice and sends it either to his competent institution or to Gemeinsame Einrichtung KVG for reimbursement.
UK	N	No	N	No

Source: Administrative data EHIC Questionnaire 2025

Table a7 - Interpretation of the "necessary healthcare" concept, 2024

MS	Y/N	Alignment of rights
BE		
BG		
CZ	Y	Yes. Some health care providers do not take into account the expected length of stay during the necessary health care. More expensive, highly specialized treatment or long term care is not seen as necessary healthcare quite often by some providers.
DK	Y	Difficulties still arise with the Interpretation of the scope of "necessary healthcare" and the distinction between unplanned necessary treatment and planned healthcare.
DE	Y	The majority of health insurance funds are not aware of any difficulties with regard to the interpretation of the concept of "medically necessary benefits in kind". However, according to the experience of some health insurance funds, some service providers are experiencing difficulties in interpreting the concept. As there is no precise definition or interpretation guideline for the term "medically necessary benefits", this term may be interpreted differently by service providers. In connection with the treatment of chronically ill persons, there is uncertainty in individual cases as to whether the treatment of acute complaints is covered by the EHIC. This can also be seen in connection with benefits for pregnancy and childbirth. Furthermore, it happens time and again that people have entered Germany for the purpose of treatment without clarifying this in advance with their health insurance provider in their home country and obtaining the appropriate authorization. Such difficulties in interpreting the concept therefore also lead to problems when settling the costs incurred.
EE	N	No
IE	N	No
EL	Y	The interpretation of the concept of "necessary health care" remains difficult except in medically indisputable cases, as each patient deems his case as necessary while at the same time the doctor/healthcare provider may not have full knowledge of the patient's temporary stay in the country.
ES	Y	Sometimes, the healthcare provider in other Member States has difficulties to interpret the concept of 'necessary healthcare' by requiring an S2 or E-112 form for the coverage of benefits in kind, which are not in the nature of scheduled treatment, as the need for medical care has occurred during a temporary stay in the other country. With regard to the implementation of Decision S3, in the case of claims for benefits in kind related to chronic or pre-existing diseases, difficulties have been observed in the proper application by both Spanish institutions and other Member States. Sometimes in France, treatments are provided with the EHIC which we consider scheduled, because they consist of planned surgery operations scheduled well in advance. In these situations, healthcare should be covered by a form E-112 (S2).
FR	Y	CNSE : Healthcare must be necessary to be reimbursable and therefore requires interpretation: - health care necessary in view of the duration of the stay; - immediately necessary healthcare. CCMSA: No difficulties noted in the MSA network
HR	N	no.
IT	N	No
CY		
LV	N	No new difficulties and challenges have been reported during 2024.
LT	N	No, we have no such information
LU	N	No.
HU	N	no difficulties noticed.
MT	N	Not aware of such cases.
NL	N	No, not many examples.
AT	Y	In some cases, there are still difficulties in differentiating the planned treatment.
PL	Y	EHIC holders often interpret this as 'life or health saving benefits' or 'urgent situations'. We always inform EHIC holders that in each situation the doctor decides about the necessity of treatment.
PT	Y	Yes. Necessary care during a temporary stay is often confused with planned treatment situations where the purpose for travel is related to the provision of healthcare. E.g. DE. We are obliged to issue the S1 or S2, so the patient can obtain the necessary healthcare and not have to pay for it. E.g. DE and Poland demanded S1 for recovery treatments, following an accident that occurred during a temporary stay. In several situations the S2 is requested after the healthcare has been provided.
RO	Y	Often times the terms of "necessary health care" and "planned treatment" are misinterpreted.
SI	N	There are no specific problems in the interpretation of the necessary health services by Slovenian providers.
SK	N	no
FI	Y	As pointed out in the answer to the previous question there has been cases where a person insured in Finland staying temporarily in another EU- or EEA-country or Switzerland has informed that the country in question wants the person to provide the portable document S1. In most of these cases the country of stay has considered the person to live permanently there. It seems though also that in some member states the "necessary health care" concept is interpreted differently than in Finland. Some countries do not seem to pay attention to the duration of the stay when they are assessing whether the care should be considered medically necessary or not. There are also still cases, where the customer has not received health care in conjunction with pregnancy and childbirth with the EHIC during a temporary stay in another EU- or EEA-country or Switzerland. These cases have though decreased notably compared to earlier.
SE	N	No, we are not aware of any difficulties related to the interpretation of the "necessary healthcare" concept during the period from 1 January to 31 December 2024.
IS		
LI	N	No
NO	Y	We have noted that certain countries contest claims as to whether the healthcare provided was "necessary healthcare". There is an increasing trend in countries asking for information regarding the actual treatment provided.
CH	Y	Yes, in several countries the service provider requests form S2 although the treatment is necessary related to art. 19 Reg. 883/2004 (especially as concerns maternity benefits during a temporary stay).
UK		

Source: Administrative data EHIC Questionnaire 2025

Table a8 - Invoice rejection of E125 forms issued and received, 2024

MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
BE				
BG				
CZ	Y	Yes, there are 1443 cases. Most usual reason is - the person concerned was not insured during the period of taking health care, please send us a copy of the EHIC	Y	Yes, there are 957 rejections. Most usual reason is - the person concerned was not insured during the period of taking health care, please send us a copy of the EHIC
DK	Y	In 2024, Denmark has received 159 contestations from other Member States for invoices (forms). Reasons for contestation/rejection were: - Entitlement document was missing; - Lack of information.	Y	Denmark has made contestations or rejected 65 invoices (forms) from other Member States in 2024. Main reason for rejection: - Entitlement document was missing ; - Person in question was not insured during the time period, the healthcare benefits were received.
DE	Y	We are aware of 5.406 cases which were rejected in 2024. Mostly it was stated that the insured person could not be identified.	Y	We are aware of 16.884 cases which were rejected in 2024. Mostly it was stated that the insured person could not be identified.
EE				
IE	Y	In Ireland, when we receive a claim that does not have all data fields accurately completed we seek through our own systems to verify that the patient had entitlement from Ireland at the time the treatment was received. However, we note a greater tendency from some Member States to contest claims on very technical issues, particularly a growing trend from States stating that Treatment was Outside Validity Period when a valid in date card was used.		
EL	Y	Number of rejected invoices ~ 2.000 (in the amount of ~ 1.1000.000 €)		
ES	Y	Although their number cannot be quantified, rejections are usually due to: - inability to identify the insured due to omission or error in the data provided in form E-125/S80 - lack of the entitlement form provided by the person concerned when receiving assistance. - no coincidence in the invoices' dates on which the assistance has been received"	Y	ISFAS: Number of rejected invoices: Reason for rejection: 5 -not insured 4 - already paid by EHIC previously 1 -paid by the holder to the hospital 1 -not registered at the time of attendance MUFACE: Number of rejected invoices: Reason for rejection: 5 -duplicated invoice 2 -the number of the EHIC/PRC on the invoice does not match with any valid EHIC/PRC issued -the EHIC/PRC 32 was not active on the date of the healthcare assistance"
FR	Y	CNSE : In 2024, foreign countries have rejected 1 146 forms issued by France. CCMSA: Forms E125/ SED S080 are not processed by MSA caisses. Competence of the CNSE	Y	CNSE : In 2024, France has rejected 173 forms issued by foreign countries. CCMSA: Forms E125/ SED S080 are not processed by MSA caisses. Competence of the CNSE
HR	Y	1271 rejected invoices. Reasons for rejection: The entitlement document is unknown or not found. Please provide copy. The period of benefits in kind is not covered by the entitlement period. The period of benefits in kind is partially covered by the entitlement period. Please adjust the claim. Double invoice. Unable to identify the person from the information provided. Scheduled treatment may be suspected. The person died on. The entitlement document has not been acknowledge. Person was not insured during benefits period. The person receives a pension in his/hers state of residence. The person is not registered on the entitlement document. The entitlement ended on.	Y	357 rejected invoices. Reasons for rejection: Double invoice. The entitlement document has not been acknowledge. The entitlement document is missing or unknown. The person is not registered on the entitlement document. The person died on. The period of benefits in kind is not covered by the entitlement document.
IT	Y	Yes, in many cases they conditionate the reimbursement to the submission of the S1 that they issued. This appears illogic and seems a try to postpone the payment due or even to avoid payment. This is not a best practice on which a clear and decisive intervention of the Commission is highly needed. Refusal of this kind with request of submission of S 1 is not a request of cooperation but a way to misapplication the rules of EC Reg. 883/2004, 987/2009 because if the debtor institution knows that a person is no longer their insured that should send to the creditor MS an E 108 (Closure of right) rather than requiring copies of the S 1 they issued.	Y	Yes, generally in relation to persons that are not what the pretend to be, i.e. those who used an EHIC of another person or those who showed a fake or abraded EHIC. In all situations of this kind when the Italian institutions ask for cooperation, e.g. requiring copy of the ID or passport of this person receive a negative reply. This is an unacceptable practice as the EHIC is not a personal document therefore it would be needed that any time an EHIC is showed to a provider he/she should ask for a personal document i order to prevent fraud and errors. Also in this context a clear intervention of the Commission would be beneficial.
CY				
LV	Y	We are able to list our reasonings for rejections of the forms E125 and the total number of annulled forms in the requested period of time. However we are unable to provide the necessary statistics for the requested period of time as we only carry the information of rejected forms concerning the current situation. Reasonings for rejection: 1. The time period when a person's EHIC was active does not cover or does not completely cover the time period when health benefits were received. 2. The form E125 or S080 has incorrect information concerning the person's name and ID numbers. 3.Double invoice. 4. The EHIC number or the persons data belongs to a different issuing country. Total amount of annulled forms in 2024: 12.	Y	We are able to list our reasonings for rejections of the forms E125 and S080 and the total number of annulled forms in the requested period of time. However we are unable to provide the necessary statistics for the requested period of time as we only carry the information of rejected forms concerning the current situation. Reasonings for rejection: 1. The time period when a person's EHIC was active does not cover or does not completely cover the time period when health benefits were received. 2. The form E125 or S080 has incorrect information concerning the persons name and ID numbers. 3. The EHIC number does not match the person reflected in the certain form. 4. The EHIC number or the persons data belongs to a different issuing country. 5. Double invoicing when invoice has identical medical treatment information to other invoice. Total amount of annulled forms in 2024: 42

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MS	Y/N	Rejections by institutions in other countries	Y/N	Rejections by your institutions
LT	Y	During the year 2024, we have faced with 48 cases when invoices (SED S080) issued by our institutions (on the basis of the EHC) were rejected by the competent Member States (14 – by Germany, 13 – by France, 4 – by Denmark and Slovakia; 3 – by Greece and Romania, 1 – by Austria, Estonia, Ireland, Italy, Poland, Portugal and Switzerland) due to the following reasons indicated in the rejection documents (SEDs S082): we are not concerned by this document (EESSI code – [01]); incorrect institution code. Provide the correct authority identification number (EESSI code – [02]); it is not possible to identify the person from the information provided. (EESSI code – [03]); entitlement document is missing or unknown (EESSI code – [04]); the person was not insured during the benefit period. Provide a copy of the entitlement document (EESSI code – [07]); the period of benefits in kind is not covered by the entitlement period (EESSI code – [08]); double invoice (EESSI code – [14]) and other (EESSI code – [99]). After the documentary evidence (copies of the EHCs) have been provided or data corrected, the most of these invoices were accepted.	Y	During the year 2024 the NHIF has rejected 155 invoices (forms E125/SED S080) issued by institutions from the other EU countries: Spain (72), Germany (23), Poland (15), Sweden (14), Belgium (5), the United Kingdom (4), Portugal (4), Denmark (3), Italy (3), the Netherlands (3), France (3), Iceland (2), the Czech Republic (1), Latvia (1), Norway (1) and Finland (1). The reasons of the rejections were: we are not concerned by this document (EESSI code – [01]); entitlement document is missing or unknown (EESSI code – [04]); the period of benefits in kind is not covered by the entitlement period (EESSI code – [08]); person died [date should be entered] (EESSI code – [17]) and other (EESSI code – [99]).
LU	N	No.	N	No.
HU	Y		Y	
MT	N	No.	N	No.
NL				
AT	Y	Yes; the medical necessity of the treatment is occasionally questioned.	Y	This happens in some cases. We do not know the number.
PL	Y	According to data in our settlements system (SOFU), with a state on the 27th of May of 2025 we have registered 1024 forms E125PL which were issued by NFZ in 2024 on the basis of EHC that are questioned by other countries. The most common reasons for rejections are: lack of entitlement document and doubled invoice.	Y	According to data in our settlements system (SOFU), with a state of the 27th of May of 2025 we have registered 460 E125 forms which were received by NFZ in 2024 on the basis of EHC. Among 460 rejected forms during the verification process, all the forms were verified. Among them there are 180 cases determined as "treatment period is not covered by entitlement period", 47 cases determined as "hospitalization periods are partially covering or are incomplete", 28 cases determined as "the costs are to be settled on a lump sum basis from the date" and 12 cases determined as "suspicion of duplication claims". The set of rejected invoices (with different reasons) can change every day during the clarification process.
PT	Y	Yes, most of the rejections are related with the following facts: 1. Duplicate invoices (few); 2. Provision of healthcare in the MS of residence based on an EHC when there's an S1 issued by the competent MS; In these cases the insured person has a portable document S1 issued by his/her competent MS, but still uses the EHC. 3. Difficulty in recognizing the insured person.	Y	Yes, most rejections are related to the following fact: - The information concerning the competent institution is not correct, or the creditor MS introduces the identification of the liaison body instead of the competent institution in the entitlement document.
RO	Y	643 - Some of the reasons are: - The entitlement document does not exist; - The entitlement document has been closed as of the date the benefits were granted.	Y	3934 - Some of the reasons are: - The entitlement document does not exist; - The entitlement document has been closed; - The medical services exceed the provisions of Decision S3 (the medical services are not justified); - Provision of medical services to the uninsured persons; - The beneficiaries were not registered with the institution where the services were requested.
SI	Y	In 2024, the ZZS received 350 rejections of E 125 forms based on EHC, from foreign institutions. Causes of Rejection: there was no document on the basis of which the service was invoiced, the service was not invoiced within the validity of the document, the service was invoiced several times, the person with the stated data is not in the register of persons, the amount of the services was very high, an explanation was needed. Until now, the ZZS has successfully resolved such cases by sending the requested copy of EHC or certificate or other required data.	Y	In 2024, the ZZS rejected 327 E 125 forms issued by foreign institutions on the basis of the EHC. Causes of Rejection: The EHC is not an appropriate accounting document because it is a planned treatment, the service has not been charged within the validity of the document, missing/false identification data, the service was charged several times, the amount of the services is very high, an explanation is needed.
SK	Y	Yes, if the health care provider was misled - EHC that does not have an expiration date marked as of and was subsequently submitted for billing. Subsequently, the E125SK was rejected	Y	yes, EHC proven stolen, PZS did not check EHC + ID document with the person
FI	Y	Rejections (disputes /contestations) of the claims are part of the normal reimbursement process when a claim cannot be reimbursed without additional information. After re-introducing the invoice, it can be withdrawn by the creditor or settled by the debtor depending on the final outcome. Unfortunately, we do not compile statistics on these cases.	Y	Rejections (disputes /contestations) of the claims are part of the normal reimbursement process when a claim cannot be reimbursed without additional information. After re-introducing the invoice, it can be withdrawn by the creditor or settled by the debtor depending on the final outcome. Unfortunately, we do not compile statistics on these cases.
SE	Y	80	Y	234
IS				
LI	N	No	Y	Yes, time frame or health care coverage not insured
NO	Y	We have cases where the country contests invoices, despite the person having a valid entitlement document. These cases tend to drag out before a resolution is found. The reason they reject the invoice is that they wish to ascertain whether the healthcare provided was necessary.	N	No
CH	Y	Yes, several rejections. But there is no specification possible.	Y	Yes, several rejections. But there is no specification possible.
UK	N	No	N	No

Source: Administrative data EHC Questionnaire 2025

