

English information of Sickness Fund Sairauskassa Parkki

Charge and membership

Fund membership fee 35 euros per month and the membership is optional for all employees working in the companies within the territory of this Sickness Fund.

Employer may take the deduction from the salary if wanted.

It is possible for the insured employee to stay a retired member of the Fund, in case he has been a member of the Sickness Fund for 10 years before retirement.

The membership in the Sickness Fund will be terminated simultaneously with the termination of the employment.

The family members do not belong to the operation area of the Sickness Fund.

At the beginning of the employment relationship, the competent person shall decide within 2 months whether to join, after that it will not be possible.

How to apply compensations

Compensation for medical expenses must be applied for within six (6) months of payment. Fill in the claim form. Remember to fill in your account number on each application -form. Enclose with the claim forms filled out by the treatment provider which indicate the treatment given by a doctor or the examination or treatment ordered by a doctor. Send the claim along with the receipts to sickness fund with internal lettermail: Sairauskassa Parkki.

Additional reimbursements in accordance with the rules

The Sickness Fund will reimburse costs caused by the necessary treatment to the member who due to illness, pregnancy or birth must turn to a doctor or some other person with required education.

Following costs will be reimbursed: (The reimbursement includes also the payments according to the National Health Insurance)

- 80 percent for the doctor's fees when reimbursement has been received also by virtue of the National Health Insurance, in case of necessary treatment of other than dental illness. However, the fees charges for an operation or procedures comparable to it will not be reimbursed unless the board in each individual case considers reasonable to accept the reimbursement wholly or partly;
- Hospital and municipal health center bed-day charges up to the amounts defined in the lowest payment categories of a central hospital (except psychiatric units) and for maximum 10 days for during the calendar year;
- The basic fee for institutional care, charged by a hospital;

- Bed-day charges of a rehabilitation center up to the maximum amounts mentioned above, in case that the board in each individual case considers reasonable to agree to it;
- 80 percent for medicines prescribed by a doctor, for clinical nutrients and corresponding products as well as for ointment bases, when reimbursement has been given also by virtue of the National Health Insurance;
- 80 percent for laboratory tests, pathological examinations and samplings, radiological screening and procedures, all those prescribed by a doctor, in case that the examinations and treatments also are reimbursable by virtue of the National Health Insurance;
- 50 percent for physiotherapy, physiotherapeutical examinations and 80 percent for phototherapy, in case that the examinations and treatments also are reimbursable by virtue of the National Health Insurance;
- 80 percent for laboratory and radiological examination costs, in case they are reimbursable by National Health Insurance but the costs are under the co-payment limit or the examinations have been made in a municipal health center or at a hospital;
- 50 percent for massage and prescribed by a doctor; however, a maximum of ten (10) treatments per calendar year and maximum of EUR 20 per treatment.
- 50 percent for chiropractor, osteopath or naprapath treatment costs without prescribed by a doctor; however, a maximum of ten (10) treatments per calendar year and maximum of EUR 20 per treatment.
- 80 percent of the therapy given by a psychologist or psychotherapist or nutritional therapist for which you have a doctor's prescription; however, no more than 6 treatments per calendar year and maximum of EUR 80 per treatment.
- Insoles for which you have a doctor's prescription the maximum compensation is EUR 100 per calendar year
- Necessary travel costs, using the least expensive mode of transportation, arising from treatment of acquisition of maintenance of technical aid for rehabilitation, prescribed by a doctor, if another transportation is not justified in light of the illness of traffic conditions. These must also be reimbursable by virtue of the National Health Insurance;
- At least one year of membership a maximum of EUR 95.00 for spectacles prescribed by a doctor, plus an optician's eye examination fee for the purchase of spectacles; or, alternatively, a maximum of EUR 95.00 as additional remuneration for a dentist or specialist dental technician

If you have questions, please contact:

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