

The form will be read mechanically. Please print and do not use paperclips or staples.

\*Obligatory fields

## 1. Details of the patient

Name *					Personal identity (ID) number, year (4 digits), month, day, no. *											
Address (street address, postcode, district) *																
Daytime telephone number 1 (including area code) *								Daytime telephone number 2 (including area code)								
E-mail address																
Profession/occupation and employer								Bank and account including sort code in the event of compensation								

## 2. Care establishment

Name of the hospital/primary care facility/dental clinic where the treatment that caused the injury was performed *										Name of clinic						
Address of the above-mentioned care establishment																
All other care providers that have been consulted as a result of the injury. Always state the name and address of the care establishment																
When was the treatment that caused the injury performed? Year (4 digits), month, day *					Admitted to hospital when the injury occurred?					On registered sick leave?						
					<input type="checkbox"/> No <input type="checkbox"/> Yes					<input type="checkbox"/> No <input type="checkbox"/> Yes, from and including-up to and including						

## 3. Insurance questions

When the injury occurred, care was being provided as a result of:																
<input type="checkbox"/> motor traffic accident <input type="checkbox"/> occupational injury <input type="checkbox"/> other cause, state what:																
Has a report been made under the Industrial Injuries Insurance (AFA Insurance)?								Has a report been made to a motor traffic insurance company?								
<input type="checkbox"/> No <input type="checkbox"/> Yes, company?								<input type="checkbox"/> No <input type="checkbox"/> Yes, company?								
Is there accident insurance for leisure injuries?								Has a report been made under another insurance, e.g. pharmaceuticals insurance?								
<input type="checkbox"/> No <input type="checkbox"/> Yes, company?								<input type="checkbox"/> No <input type="checkbox"/> Yes, company?								

## 4. Description of the patient injury

Please turn the page																

## 5. Signature, including consent to processing of personal data according to the Personal Data Act, see below

Place and date					Signature of the injured person/custodian											
Signature of representative/trustee/administrator if any (power of attorney alternatively decision by district court must be attached)																

**Send the claims report to:**  
**Patientförsäkringen LÖF**  
**Box 17830**  
**118 94 Stockholm**  
**Phone: +46 8 551 010 00**

Through this signature, consent is given for personal data and information about the injury reported being processed by Landstingens Ömsesidiga Försäkringsbolag (the Patient Insurance LÖF), corporate ID number 516401-8557, and similarly for the personal identity (ID) number being used as case number when corresponding. Furthermore, consent is given for the claims report and also the decision of the Patient Insurance LÖF to be disclosed to the relevant county council/region and also the care establishment concerned. In addition, consent is given for personal data concerning the matter being processed by the Patient Insurance LÖF within its activities aiming to prevent injuries.

**Complete information will facilitate our processing the matter**

## **Insurance Cover**

According to the Patient Injury Act, an individual who suffers personal injury in connection with the health, medical or dental care services in Sweden, may in certain cases be granted patient injury compensation. See the rules and exclusions below. As regards persons being cared for by the county councils, the regions or by private care providers according to a contract (care agreement) with the county councils, the county councils/regions have taken out patient insurance with Landstingens Ömsesidiga Försäkringsbolag (Patientförsäkringen LÖF). Other care providers have taken out their own insurance with other insurance companies. Contact the relevant care provider for further information.

## **When can the patient insurance scheme provide compensation?**

If you suffer a personal injury in connection with the health, medical or dental care services, compensation may, following consideration, be provided for personal injury:

- that was avoidable
- in the event of defects to medical or dental care equipment
- in the event of incorrect diagnosis
- if infection was acquired during the treatment
- in the event of accidental injury in conjunction with medical or dental care
- in the event of incorrect prescription of medicines.

Approximately 10,000 patient injuries are reported each year. About 45 % of these are compensated. You are not entitled to compensation simply because the treatment does not lead to the desired result or if a complication arises.

All medical and dental care treatment involves a risk of unavoidable complications. Such complications are not compensated. Even if an infection is acquired during the treatment, compensation is not paid if the infection was predictable or if it arose during treatment for a serious illness. Compensation is not paid if treatment is provided for a life-threatening condition or in the case of side effects of medicines that were correctly prescribed.

Nor does the insurance adopt a position on matters concerning, for instance, the manner in which you are dealt with or the resources within medical and dental care services. Such issues can be raised with the patient advisory committee or health and medical advisory board in your county council or region.

## **What compensation can be received?**

Compensation through the patient insurance scheme is calculated in accordance with the general rules on damages (Chapter 5, Sections 1 to 5, Tort Liability Act). This means that you will get the same compensation that a general court would have awarded. If the injury is indemnifiable, information will be provided about which compensation can come into question.

When paying compensation a deductible (excess) is deducted, which under the Patient Injury Act is 5% of the price base amount.

## **When should an injury be reported?**

An injury must be reported no later than three years from the date when you became aware as a patient that you could make a claim, but never later than ten years counted from the date when the injury was caused.

The above-mentioned represents general information about the patient insurance scheme. If the complete insurance conditions or further information is required, contact us or the county council's/region's Patients' Advisory Committee, which can normally be reached by the country council's/region's switchboard. You can read more about patient insurance on the website [www.patientforsakring.se](http://www.patientforsakring.se)