## DA005 - Reply to Request for Reimbursement Rates

**Purpose of the SED:**

This SED is a reply from the Member State that provided the benefits and it includes the reimbursement rates and amounts. It is the reply corresponding to the request received in DA004. The Member State of stay also indicates the amount for which no reimbursement is foreseen in any case, such as for example a private hospital room, which has to be paid by the patient.

For general remarks applicable to all the AWOD SEDs click [here](AWOD_SEDs_General_Remarks.docx).

**Data required:**

* **Person Identification Data**

Personal data allows the Counterparty to identify the person in the national data base and to provide the reply on the entitlement to benefits in kind in respect to an accident at work or an occupational disease. If the data are not complete or are incorrect the Counterparty, which received DA004, will not be able to reply. It is important to remember about the special characters which can be used in the family name and forenames, which could make a difference for the person identification.

DA004 should include the Personal Identification Number (PIN). The PIN is defined as a unique personal identification number issued by a state or organization. Whenever it is possible the number entered should be a number given to the person under a National Registration scheme. Where no National Registration Number is available, a sectorial number (i.e. Social security, Health Registration Number) should be entered.

* **Information about the relation to the accident at work or occupational disease**

Please indicate whether the DA004 is related to an accident at work or an occupational disease. This information might be necessary, particularly when the Member State has two different institutions, one of them in charge of accidents at work and the other one of occupational diseases.

* **Information about the reimbursement rates**

It is required to provide information about the total reimbursement amount to which the person is entitled by entering the amount in “*Total reimbursement according to the reimbursement rates administrated by the institution of the place of stay*”. This amount has to be a equal to the total of the amounts indicated in the invoices attached to the DA005.

Additionally, it is optional to provide:

* an amount which is not a subject to reimbursement and has to be borne by the person - this information might be required by the person and refers to the cost such as participation rates, private rooms, additional care.
* An amount of the costs which would have been reimbursed between the institution if the reimbursement procedure had been used and the person had not paid himself;

The Member State replying on DA005 should always separately indicate the amount for each receipt, the receipts with reimbursement rates should be attached to the message. A zero-amount means no reimbursement.

* **Additional information**

The list of the attachments can be provided in additional information.

* **Mandatory fields (“\*”)**

 DA005 includes some mandatory data, i.e. identification of the person, date of the accident/occupational disease, total amount of the reimbursement.

[In order to see the content and explanatory notes of SED DA005 please click here](Forms/DA005_en.htm).