

# Treatment Risk Fund

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The aim of the Treatment Risk Fund is to provide opportunities for the patient to protect their rights and receive help outside court more accessibly and quicker. For healthcare professionals, in their turn, it is an opportunity to protect themselves against the risks related to their professional activity and its possible consequences.

Financial resources are paid into the Treatment Risk Fund by medical institutions against the invoice issued by the National Health Service. A special formula is used to calculate the risk amount payable by each medical institution, based on the number of employees in the medical institution and the distribution of these healthcare professionals across the risk groups.

The compensation to the patient will be paid from 1 May 2014 for damage suffered after 25 October 2013.

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When is it possible to receive compensation?

The patient is entitled to:

- a compensation for damage to their life or health (including moral damage) caused by the activities of or lack of activity by healthcare professionals working in a medical institution or by the conditions during the treatment;

- a compensation for the treatment-related expenses if the treatment has been necessary to eliminate or mitigate the adverse consequences of the damage caused to the life or health of the patient by a healthcare professional or the conditions during the treatment.

The patient shall be entitled to a compensation for the damage to their health or life regardless of:

- whether the medical institution has made the treatment risk payment;

- the status of the institution (state, local government, or private medical institution);

- whether state-covered healthcare services or paid services are provided.

The maximum amount of the compensation shall be EUR 142 290 for the damage to the patient's life or health (including moral damage) as well as a compensation for the patient's medical expenses in the amount of such expenses, but not exceeding EUR 7114,36 (until 1 January 2014) or EUR 28460 (for the patient's treatment expenses necessary to eliminate the consequences of the damage if the damage has been suffered after 1 January 2014).

Where to apply for the compensation?

To require a compensation from the Treatment Risk Fund, the patient should submit an application to the National Health Service at Cēsu iela 31, k-3, Entrance 6, 4th floor, LV-1012. (The application may also be submitted electronically if it bears a secure electronic signature). The patient shall provide the information required in the form (sample application form).

The applicant shall enclose the following with the application:

- the documents confirming the medical expenses incurred by the patient;

- the receipts, slips, of invoices for the costs of healthcare professional consultations, medical manipulations, diagnostic and laboratory tests/examinations, purchase of medicinal products and medical devices, and medical rehabilitation;

- the medical documentation supporting the provided healthcare services (discharge summary issued by the medical institution or the conclusion issued by the medical specialist (consultant)).

What is the timeline for the evaluation of the application?

The patient's claim for a compensation for the damage to their life or health or for a compensation for their medical expenses shall be processed and the decision shall be carried within six months of the submission of the application to the Treatment Risk Fund. In case additional information is to be requested, gathered and evaluated, the timeline for the evaluation of the medical expenses and the carrying of the decision is extended by up to 12 months.

What is the process for the evaluation of the application?

After the receipt of the application from the patient, the National Health Service shall verify if all necessary documents have been submitted and whether the timelines fixed in the Law on Patients Rights have been respected, i.e., the damage has been suffered by the patient after 25 October 2013, the application has been submitted within not more than 24 months of the detection of the damage and not more than 36 months of the date of the damage.

The National Health Service shall send the received documents for expert examination to the Health Inspectorate.

The experts of the Health Inspectorate shall perform the expert examination and determine the fact of damage to the life or health of the patient, the consequences and amount of the damage.

After the examination, the Health Inspectorate shall provide a report to the National Health Service. Based on the report provided by the Health Inspectorate, the National Health Service shall carry a decision on payment or refusal to pay the compensation.

<https://www.vmnvd.gov.lv/en/treatment-risk-fund>