## Request for Payment of Medical Expenses for Insured Person or Dependent [Advance Payment on Behalf of Third Party]

		C-1-	N1			-				
Information on insured person	Insurance card	Code	Number		Name of affiliated	XXXX Co.,	Ltd., XXXX Branch			
	code and number		XXXX		office/department	Telephone number (ex	xt.) <b>03-1234-5678(999)</b>			
ed 1		Furigana	ケンポ タロウ							
sar	Name		T. T.		Date of birth		(Y) (M) (D)			
i i		Taro Kempo								
o uc	Address, telephone	〒123-4567								
nati	number, etc. of applicant (daytime phone number)	XXXX Condo	ominium, #456 1-2-3			<b>70</b>				
orn	(44) 4444 4444	Telephone number			03-7891-2345					
置	Employee ID number 1234567			E-mail address	E-mail address XXXX@XXXX.ne.j					
	Person undergoing medical				Name of person	Taro Kempo				
I	treatment (circle the applicable person)	irsured perso	n / Fa nily member (dependent)		undergoing medical treatment	1 a	iro Kempo			
I										
	Name of injury / illness Influenza				Date of birth of person undergoing	●● (Y) ●● (M) ●● (D)				
					medical treatment					
	Cause and progress	OCTORS								
	of symptoms	I had a hi	igh fever and un	derwen	t an emergency	examination at	a hospital while traveli			
	Name of medical									
<u> </u>	institution	X	XXX Hospital		Address of medical institution where examination was conducted	X-X-X-cho, XXXX City,				
etai	where examination was conducted	21				Fukuoka Prefecture				
Application details	Period during which	From (	Y) ● (M) ● (D)		If hospitalized during the period	From (Y)	(M) (D)			
atic	medical treatment			<ul><li>days</li></ul>	listed on the left, the period of	, ,	days			
plic	was conducted	to (	Y) (M) (D)		that hospitalization	to (Y)	(M) (D)			
$\mathbf{A}\mathbf{p}$		1	<b>2,000</b> yen			Underwent medical treatment and				
	Cost of medical care	dical care <b>12,000</b>			Content of treatment	received administration of drugs				
	Reason for claim for	1 Thed inst	t entered the company and	I had not yet	raceived my insurance o					
	payment of medical care		carrying my insurance ca	•	•		e to sudden illness/injury			
ı	costs (Circle the applicable	3. I used my previous insurance card								
ı	reason)	4. Other (			)					
I	Was the need for medical care caused				Was the need for	M. V.				
	by a third party	No / Yes			medical care caused					
I	(traffic accident,	**f the answer is "yes," a separate notification is required.			by to work or on the					
	etc.)?		J - 1	*	way to work?	%f the answer is "yes.	" a separate notification is required.			
	ou wish to delegate rec									
Authorization Letter		-	ed on this claim to the rep	resentative l	sted below. Date:					
ion ]	Insured person Name (applicant)									
rizat										
utho	Representative Name (individual actually receiving benefits)									
A	(marriada actually receiving benefits)									
on transfer ition	Bank Number		1234		Branch number	567				
					Dianell Hallioel					
	Name of financial	Bank				Central branch				
	institution Shinkin bank			branc						
tion o	mstrution	(credit treasury)					Name of account			
ormation on tr destination	mstrudon			icasury)		Name of account				
Information on transfer destination	Type of account	Savings acco	unt Other Acco	unt number	1234567	Name of account holder	Taro Kempo			

[Documents for Attachment]

- 1. Certificate of medical remuneration (original) \*If you are unable to attach the receipt, please obtain a physician's certificate for the second sheet (itemized (medical treatment) receipt).
- 2. Receipt (original copy)

ks	Individual number (not required when entering the code and number from the insured person's card)	]/	Date request received (stamp)
Remark	*If you entered your individual number, please attach the following documents to confirm your individual number and identity.  One of the following: (1) Copy of individual number notification card, (2) Copy of certificate of residence listing individual number, (3) Copy of individual number card (both sides)  • When attaching (1) or (2) above, also attach one of the following: copy of driver's license or copy of passport		

## Itemized (Medical Treatment) Receipt (Physician's Certificate) \*Please submit if you are unable to attach the Certificate of medical remuneration.

If you are unable to have the medical institution issue a Certificate of medical remuneration, please ask the medical institution for a Itemized (Medical Treatment) Receipt.

Medical dininistrat of incomplete and incomplete in the complete incomplete		T								<i>a</i>	
examination of Latt-night time(s) points   Latt-night time		Initial examination time(s)		points	Date of hospitalization:						
Days off   time(s)   points		After-hours	time(s)	points		Bed Treatment Basic hospitalization fees/additional fees					
Follow-up visit time(s) points Additional fees for time(s) points Variety and After-hours time(s) points Days off time(s) points Late-night time(s) points Ath-home  Oral Single-dose points Taken only once Single-dose points Administrat from drugs  Follow-up visit  Medical administrat from Ath-home  Oral Single-dose points Taken only once Single-dose points Special yen x time(s) Special yen x time(s)  Reduction / Exemption / Deferment / I / II / March  Procedure  Procedure time(s) points Intravenous time(s) points Intravenous time(s) points Other time(s) points  Other time(s) points  Test Test/pathology time(s) points  Diagnostic time(s) points  Diagnostic time(s) points  Diagnostic time(s) points		Days off	time(s)	points			X		days	points	
Follow-up visit dime(s) points Visit Days off time(s) points After-hours time(s) points Days off time(s) points  Medical administration At-home  Oral Single dose points Taken only once Single dose points Topical Single dose points Basic dispensing fee  Subcutaneous time(s) points Basic dispensing fee  Subcutaneous time(s) points Diagnostic imag(s)  Operation time(s) points Diagnostic imag(s)  Diagnostic		Late-night	time(s)	points			X		days	points	
Additional fee for our points with the follow-up visit pays off time(s) points and points and points and points points and points an		-	time(s)	points	-		X		days	points	
Atter-hours   time(s)   points			time(s)	points			X		days	points	
Days off time(s) points  Medical administrat ion  At-home  Oral Single dose points time(s) points  Administrat tion of drugs  Basic dispensing fee procedure  Procedure  Procedure  Procedure  Procedure  Procedure  Procedure  Days off time(s) points time(s) points  Late-night time(s) points  Points  Standard yen x time(s) Special yen x time(s) Special yen x time(s) Environment yen x time(s)  Standard yen x time(s) Special yen x time(s)  Special yen x time(s)  Special yen x time(s)  Special yen x time(s)  Special yen x time(s)  Special yen x time(s)  Special yen x time(s)  Reduction / Exemption / Deferment / I / II / March  Reduction / Exemption / Deferment / I / II / II / March  Reductio	_	After-hours	time(s)	points			X		days	points	
Medical administrat cion  At-home  Oral Single dose points Taken only once Single dose points tion of drugs  Magion agent Basic dispensing fee  Subcutaneous time(s) points  Injection  Procedure  Procedure  Frest Test/pathology  Latte-night time(s) points points points  points points  Dietary Dietary Special yen x time(s)  Dietary Special yen x time(s)  Environment yen x time(s)  Standard yen x time(s)  Dietary Special yen x time(s)  Environment yen x time(s)  Standard yen x time(s)  Frevironment pen x time(s)  Special yen x time(s)  Standard yen x time(s)		Days off	time(s)	points			C:6:11:4-	1.1 /04 6			
administration  At-home  Oral Single dose points  Taken only once Single dose points  Taken only once Single dose points  Topical Single dose points  Topical Single dose points  Prescription time(s)  Basic dispensing fee points  Injection Intravenous time(s)  Procedure Procedure Procedure  Surgical anesthesia  Test Test/pathology time(s)  Dietary phabits  Special yen x time(s)  Standard yen x time(s)  Environment yen x time(s)  Special yen x time(s)  Environment yen x time(s)  Special		Late-night	time(s)	points			Specified nospita				
At-home  Oral Single dose points  Administra tion of drugs  Basic dispensing fee  Subcutaneous time(s)  Other time(s)  Procedure  Procedure  Procedure  Procedure  Procedure  Frest Test/pathology  Dietary pen x time(s)  Sandard yen x time(s)  Special yen x time(s)  Sopecial yen yen x time(s)  Sopecial						Standard	yen	X	time(s)		
At-home  Oral Single dose points Taken only once Single dose points Taken only once Single dose points Topical Single dose points				points	Dietary	Special	yen	X	time(s)		
Environment yen x time(s)	A. 1					Diet	yen	X	time(s)		
Taken only once Single dose points  Administra tion of drugs  Topical Single dose points  Prescription time(s) points  Narcotic or psychotropic agent  Basic dispensing fee points  Intravenous time(s) points  Other time(s) points  Surgical anesthesia  Test Test/pathology time(s) points  Diagnostic imaging  Taken only once Single dose points  Reduction / Exemption / Deferment / I / II / March  Reduction / Exemption / Deferment / I / II / March  Procedure / Deferment / I / II / March  Reduction / Exemption / Deferment / I / II / March  Procedure / Deferment / I / II / March  Reduction / Exemption / Deferment / I / II / March  Procedure / Deferment / II / II / March  Procedure / Deferment / II /	At-home			points		Environme	nt yen	X	time(s)		
Administra tion of drugs  Prescription time(s) Narcotic or psychotropic agent basic dispensing fee points  Injection Difference of time(s) Procedure Procedure Procedure time(s)  Surgical anesthesia  Test Test/pathology time(s)  Diagnostic imaging  Points  Reduction / Exemption / Deferment / I / II / March  Reduction / Exemption / Deferment / I / II / March  Reduction / Exemption / Deferment / I / II / March  Reduction / Exemption / Deferment / I / II / March  Procedure / Procedure		Oral	Single dose	points	Standa	rd	yen	X	time(s)		
tion of drugs  Prescription time(s) points Narcotic or psychotropic agent points Basic dispensing fee points  Injection Intravenous time(s) points Other time(s) points  Procedure Procedure time(s) points  Surgical anesthesia anesthesia time(s) points  Test Test/pathology time(s) points  Diagnostic imaging  Time(s) points  Reduction / Excliption / Exclipt		Taken only once	Single dose	points	Special		yen	X	time(s)		
drugs		Topical	Single dose	points	Reduction / Exemption / Deferment / I / II /				March		
Narcotic or psychotropic agent points Basic dispensing fee points  Subcutaneous time(s) points  Injection Intravenous time(s) points  Other time(s) points  Procedure Procedure time(s) points  Surgical anesthesia time(s) points  Test Test/pathology time(s) points  Diagnostic imaging time(s) points		Prescription	time(s)	points							
Basic dispensing fee points  Subcutaneous time(s) points  Injection Intravenous time(s) points  Other time(s) points  Procedure Procedure time(s) points  Surgical anesthesia Operation time(s) points  Test Test/pathology time(s) points  Diagnostic imaging time(s) points			time(s)	points							
Injection Intravenous time(s) points Other time(s) points  Procedure Procedure time(s) points  Surgical anesthesia Anesthesia time(s) points  Test Test/pathology time(s) points  Diagnostic imaging time(s) points				points							
Other time(s) points  Procedure Procedure time(s) points  Surgical anesthesia Anesthesia time(s) points  Test Test/pathology time(s) points  Diagnostic imaging time(s) points		Subcutaneous	time(s)	points							
Procedure Procedure time(s) points  Surgical anesthesia Operation time(s) points  Anesthesia time(s) points  Test Test/pathology time(s) points  Diagnostic imaging time(s) points	Injection	Intravenous	time(s)	points							
Surgical anesthesia		Other	time(s)	points							
Surgical anesthesia		-									
anesthesia Anesthesia time(s) points  Test Test/pathology time(s) points  Diagnostic imaging time(s) points	Procedure	Procedure	time(s)	points							
Test Test/pathology time(s) points  Diagnostic time(s) points	Surgical	Operation	time(s)	points							
Diagnostic time(s) points	anesthesia	Anesthesia	time(s)	points							
Diagnostic imaging time(s) points	Test	Test/methology	time(s)								
imaging time(s) points		Test/pathology	time(s)	points							
Other time(s) points Total yes			time(s)	points							
	Other		time(s)	points	Total					yen	

I hereby certify receipt of the above (medical treatment).		(Y)	(M)	(D)
Address of medical institution				
Name of medical institution				
Name of physician				
Telephone number of medical institution	(	)		