

Request for Payment of Medical Expenses for Insured Person or Dependent
[for acupuncture and moxibustion]

Information on insured person/Application details	Insurance card code and number	Code	Number	Name of affiliated office/department	Phone number (Ext.)	
	Name of insured person	Furigana		Date of birth of insured person	(Y) (M) (D)	
	Address, telephone number, etc. (daytime phone number)	〒		Telephone number ()	E-mail address	
	Name of person who received medical care			Date of birth of person who received	(Y) (M) (D)	
	Cause of illness or injury					
	Was the need for medical care caused by a third party (traffic accident, etc.)?	No / Yes		Was the need for medical care caused by to work or on the way to work?	No / Yes	

※If the answer is "yes," a separate notification is required.

Procedure column	Date of first medical care	Procedures period										Actual number of days	Claim classification																			
	(Y) (M) (D)	From	(Y) (M) (D)	to	(Y) (M) (D)	days	New / Continuation																									
	Name of injury / illness	1. Neuralgia 2. Rheumatism 3. Cervicobrachial syndrome 4. Shoulder periarthritis (frozen shoulder) 5. Lower back pain 6. Cervical sprain (whiplash) 7. Other ()										Outcome																				
	First time	1. Acupuncture 2. Acupuncture (combined use of electroacupuncture) 3. Moxibustion 4. Moxibustion (combined use of electric heat therapy device) 5. Combination of acupuncture and moxibustion 6. Combination of acupuncture and moxibustion (combined use of electroacupuncture and electric heat therapy device)										Continuation / Cured / Discontinued / Transfer to a different practitioner																				
	Initial inspection fee											yen																				
	Second and subsequent procedures	Acupuncture	yen x time(s) =										yen																			
		Acupuncture (combined use of electroacupuncture)	yen x time(s) =										yen																			
		Moxibustion	yen x time(s) =										yen																			
		Moxibustion (combined use of electric heat therapy device)	yen x time(s) =										yen																			
		Combination of acupuncture and moxibustion	yen x time(s) =										yen																			
	House call fee Up to 4 km		yen x time(s) =										yen																			
	House call fee Up to 4 km		yen x time(s) =										yen																			
	Fees for issuing treatment report (Previously paid for date: (Month/Year))		yen x time(s) =										yen																			
	Total amount of costs												yen																			
	Date of procedure Visit to the practice: ○ House call: ◎	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Treatment certificate	Procedures were carried out as shown above and related fees were received.										Health center registration classification	1. Address of clinic 2. Address of professional practitioner making a house-call, etc.																				
	(Y) (M) (D)	Registration code number (registration number of reported practitioner)										Clinic Address Name	Phone number																			
Remarks	Clinic manager Name																															
Record of consent	Name of consenting physician	Address										Date of consent	Name of injury / illness	Period requiring medical care																		
												(Y) (M) (D)																				

*If you wish to delegate receipt, please complete the authorization letter.

Authorization Letter	I hereby entrust the receipt of benefits based on this claim to the representative listed below. Date:		
	Insured person (applicant)	Name	
	Representative (individual actually receiving benefits)	Name	

Information on transfer destination	Bank Number			Branch number		
	Name of financial institution	Bank Shinkin bank (credit treasury)		Central branch branch		
	Type of account	Savings account Other ()	Account number	Name of account holder (Katakana)		

Remarks	Individual number (not required when entering the code and number from the insured person's card)	
	*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	

Date request received (stamp)