

Managing director	Clerical supervisor		Person in charge

Health Insurance Request for Issuance of Certificate Issued for Specific Disease Treatment Application Form

Information on insured person	Insurance card	Code 100	Number 〇〇〇〇〇	Emp. No. 〇〇〇〇〇	Name of affiliated office/department XXXX Co., Ltd., XXXX Branch Telephone number (ext.) 03-1234-5678 (123)
	Name	Furigana ケンポ タロウ Kempo Taro			Date of birth 1987 5 20
	Address, telephone number, etc., of applicant (daytime phone number)	〒 XXX-XXXX XXXX Condominium, #201 1-1-2 XXXX-cho, XXXX Ward, Tokyo Telephone number 03-9876-5432			
	E-mail address	XXXX@XXXX.ne.jp			

Section for certified person	Person receiving medical care	Furigana ケンポ ハナコ Kempo Hanako	Date of birth 1987 12 12
	Address	〒 XXX-XXXX xxxxx Condominium #201 1-1-2 xxxxx-cho, xxxxx-ku, Tokyo	
	Telephone number (Daytime telephone number)	Telephone number 03(〇〇〇〇)〇〇〇〇	Relationship Wife
	Name of illness (Circle the corresponding item)	<input checked="" type="radio"/> 1. Chronic renal failure for which an artificial kidney is used <input type="radio"/> 2. Congenital factor VIII deficiency disorder for which a blood plasma protein fraction preparation is administered, OR Congenital factor IX deficiency disorder <input type="radio"/> 3. Acquired immune deficiency syndrome for which an anti-viral agent is administered (includes HIV; limited to those as determined by the Minister of Health, Labour and Welfare.)	

Physician's opinion column	I hereby certify that treatment is being provided as described above.	
	Date:	Please ask the physician to complete this section
	Name of physician	

Remarks	*Individual number (voluntary)
	*If you entered your individual number, please attach the following two documents to confirm your Individual number and identity. (1) Copy of individual number notification card or copy of certificate of residence listing Individual number (2) Copy of driver's license or copy of passport

I hereby make an application as shown above.

Date: **2021 (Y) 4 (M) 1 (D)**

Name of insured person **Kempo Taro**

Date request received (stamp)