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

Information on insured person

Insurance card code and number	Code: ●●	Number: XXXX	Name of affiliated office/department	XXXX Co., Ltd., XXXX Branch Telephone number (ext.) 03-1234-5678(999)
Name of insured person	Furigana Taro Kempo		Date of birth	●● (Y) ●● (M) ●● (D)
Address, telephone number, etc. (daytime phone number)	〒123-4567 XXXX Condominium, #456 1-2-3 XXXX-cho, XXXX Ward, Tokyo Phone number: 090-7891-2345		E-mail address	XXXX@XXXX.ne.jp
Name of person who received medical care	Hanako Kempo		Date of birth of person who received medical care	●● (Y) ●● (M) ●● (D)
Cause of illness or injury	I had been receiving ongoing treatment for my back pain from my doctor, but with no relief from the pain.			
Was the need for medical care caused by a third party (traffic accident, etc.)?	(No) / Yes ※f the answer is "yes," a separate notification is required.		Was the need for medical care caused by to work or on the way to work?	(No) / Yes ※f 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: Continuation / Cured / Discontinued / Transfer to a different practitioner

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)

Summary

initial inspection fee			yen
Second and subsequent procedures	Acupuncture	yen x time(s) =	yen
	Acupunct		yen
	Moxibust		yen
	Moxibust		yen
	Combinat		yen
	Combinati electroacu		yen
Ho			yen
Ho			yen
Fees for issuing tr			yen
			yen

Ask the acupuncture / moxibustion practitioner to fill this space out.

Date of procedure
Visit to the practice: ○
House call: ◎

25 26 27 28 29 30 31

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
Clinic manager Name
Phone number

Remarks

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	

Bank Number	1234		Branch number	567	
Name of financial institution	●●	(Bank) Shinkin bank (credit treasury)	●●	Central branch branch	
Type of account	(Savings account) Checking account	Other ( )	Account number	1234567	Name of account holder (Katakana): Taro Kempo

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)

Accenture Health Insurance Society

(20220401)