

To those applying for reimbursement of medical expenses incurred abroad

The following documents are required when making an application for reimbursement of medical expenses incurred abroad.

Please ask the doctor you were examined by to fill in Forms A and B, with a separate form for each month. If you were both an inpatient and outpatient, please also have your doctor fill in separate forms for each.

① Attending Physician's Statement (Form A)

1. Name, age (date of birth) and gender of person who consulted doctor
2. Name of illness or injury, and corresponding Number of International Classification of diseases for the use of National Health Insurance
3. Date of first visit to the medical institution
4. Monthly number of examination and treatment days
5. Length of hospitalization or number of days examined/treated
6. Reason for treatment being carried out at the medical institution (e.g. "fever", "coughing up blood", "appendicitis", "bronchitis" etc.)
7. Details of treatment carried out at the medical institution (e.g. "administered antibiotics", "laparoscopic appendectomy" "dental crown removal" etc.)

N.B. If "medical examination" and other such terms are written here, it is unclear what specific treatment was given, so your application will not be considered.

8. If the reason for treatment was an accident, tick "Yes". If it was for any other reason, tick "No".
9. Write the attending physician's name, signature, and address, and the date the form was filled in.

② Itemized receipt (Form B)

Please write the amounts corresponding to each item.

In addition, please write **specifically the price of each treatment/medicine** for the "Consultation Fee", "Medication Fee" etc. fields in the box on the right. Alternatively, please attach a sheet which contains these details.

③ Medical Expenses Incurred While Abroad Confirmation Form

Please fill in each item in detail.

④ Letter of consent to investigation

Check the contents and sign and stamp it with your hanko (personal seal).

⑤ Passport of person who consulted doctor (original)

When you apply, please show and attach a copy of the original passport of the person who consulted the doctor.

Furthermore, if any of the above items are written in a foreign language (i.e. not Japanese), **a Japanese translation must be attached with the name and address of the translator.** This translation is the responsibility of the insured person. Also, even if all the above documents are provided, **we may ask for documents containing greater detail regarding the contents of the consultation during the application inspection process.** For further details, please contact the person responsible at your nearest ward office or branch office.