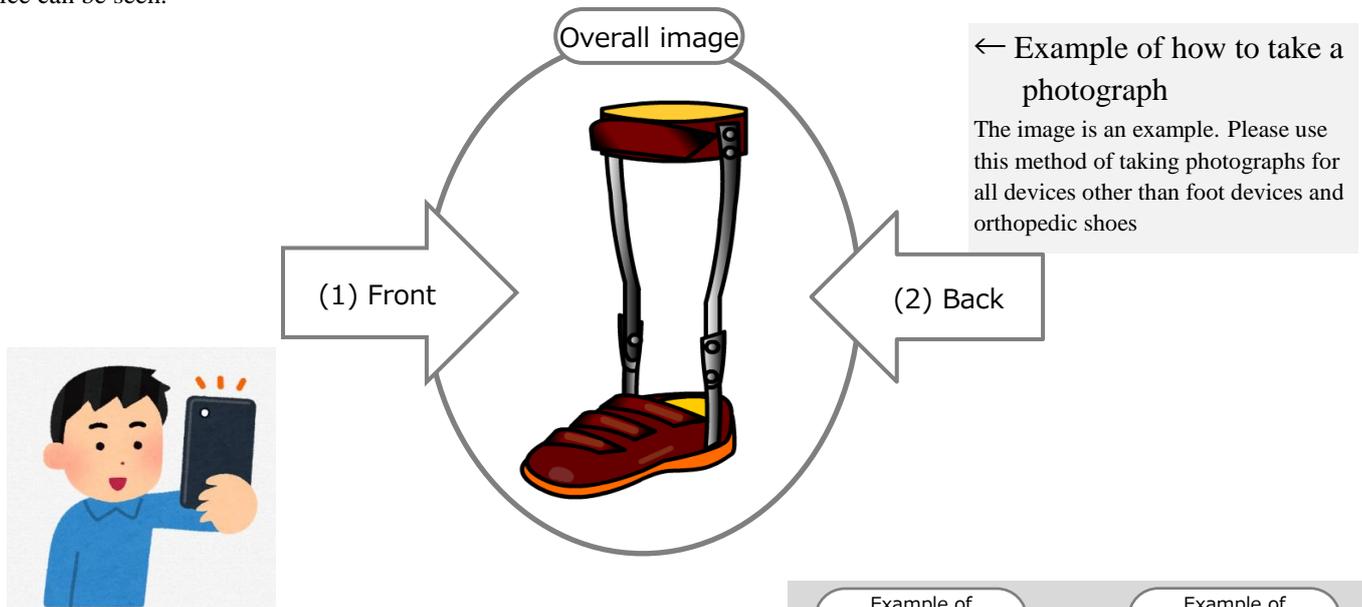


Regarding Photographs of Therapeutic Devices

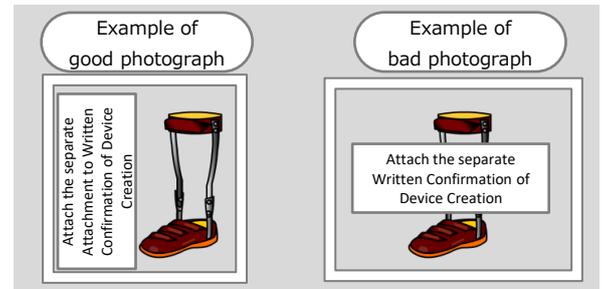
(1) How to take a photograph

▶ Please submit a photograph together with the “Written Confirmation of Device Creation (Attachment: Photograph of Created Device)” provided under the perforation. Please take a photograph from two directions (front and back) so that the entirety of the device can be seen.



Notes

When taking the photograph, please be sure that the label “Attachment to Written Confirmation of Device Creation: Photograph of Created Device” does not hide the image of the therapeutic device.



(2) Please print the photograph and submit it together with the Application for Payment of Medical Care Costs.

Documents to be Submitted

- Claim for Payment of Medical Care Costs
- Physician’s written opinion, certificate of device wearing
- Receipt from company that manufactured the device
- Photograph of the purchased device



Perforation



Attachment to Written Confirmation of Device Creation: Photograph of Created Device

(1) Code and number <div style="border: 1px solid black; height: 20px; width: 80%; margin: 5px auto;"></div>	(2) Name of insured person <div style="border: 1px solid black; height: 20px; width: 80%; margin: 5px auto;"></div>	(3) Name of person undergoing medical treatment <div style="border: 1px solid black; height: 20px; width: 80%; margin: 5px auto;"></div>
(4) Items listed in the written opinion or certificate of device wearing attached to the Claim for Payment of Medical Care Costs		
(1) Name of created therapeutic device <div style="border: 1px solid black; height: 20px; width: 80%; margin: 5px auto;"></div>	(2) Date of decision to create device	(Y) (M) (D)
	(3) Date on which device was first worn (delivery date)	(Y) (M) (D)