

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.)?

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)																									
	Name of injury / illness	1. Neuralgia 2. Rheumatism 3. Cervicobrachial syndrome 4. Shoulder peri-arthritis (frozen shoulder) 5. Lower back pain 6. Cervical sprain (whiplash) 7. Other ()			days	New / Continuation																								
	First time	1. Acupuncture 2. Acupuncture (combined use of electroacupuncture) 5. Combination of acupuncture and moxibustion 6. Combination of acupuncture and moxibustion (combined use of electroacupuncture and electric heat therapy device) 3. Moxibustion 4. Moxibustion (combined use of electric heat therapy device)			Summary																									
	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																					
	Combination of acupuncture and moxibustion (combined use of electroacupuncture and electric heat therapy device)		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 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 Name	Address Name	Phone number																									
Remarks																														
Record of consent	Name of consenting physician	Address		Date of consent	Name of injury / illness																									
				(Y) (M) (D)	Period requiring medical care																									

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

Authorization Letter	<input type="checkbox"/> (1) I hereby entrust the receipt of benefits based on this claim to the employer. ← Insert a check (✓) in the box of the applicable item.				
	<input type="checkbox"/> (2) I hereby entrust the receipt of benefits based on this claim to the representative listed below. Date: (Y) (M) (D)				
	Insured person (applicant)	Name			
Representative (individual actually receiving benefits)	Name				

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