

Claim for Payment of Medical Care Costs 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	Showa (Y) (M) (D) Heisei
	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	Showa (Y) (M) (D) Heisei Reiwa
	Cause of illness or injury			Was the need for medical care caused by a third party (traffic accident, etc.)?	No / Yes

Procedure column	Date of first medical care		Procedures period		Actual number of days	Claim classification																											
	H / R (Y) (M) (D)		From Heisei/Reiwa (Y) (M) (D) to Heisei/Reiwa (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																											
	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.																													
	H / R (Y) (M) (D) Registration code number (registration number of reported practitioner)		Clinic	Address		Name Phone number																											
			Clinic manager	Name																													
Remarks																																	
Record of consent	Name of consenting physician		Address		Date of consent		Name of injury / illness		Period requiring medical care																								
					Reiwa (Y) (M) (D)																												

*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. Reiwa (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	Branch number
	Type of account	Savings account 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)