Claim for Payment of Medical Care Costs 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: Kenpo Taro Taro Kempo		Date of birth	Showa / Heisei ●● (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	Showa / Heisei ●● (Y) ●● (M) ●● (D)
Cause of illness or injury	Joints are swollen and painful		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 (c				
	Combination o				
	Combination of a electroacupunctu				

House

House

Fees for issuing treatm

To

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

26 27 28 29 30 31

Procedures were carried c … classification … actitioner making a house-call, etc.

Treatment certificate

H / R (Y) (M) (D)

Registration code number (registration number of reported practitioner)

Clinic Address

Name

Phone number

Clinic manager Name

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

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

☑ (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.

☐ (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	Taro Kempo
Representative (individual actually receiving benefits)	Name	

Information on transfer destination

Name of financial institution	Bank … Central branch …	… number	123
Type of account			Taro Kempo

Please fill in the section for the authorization letter, except for persons enrolled in voluntary and continuous health insurance coverage and retirees. If you are a person enrolled in voluntary and continuous health insurance coverage or a retiree, please fill in the section for information on transfer destination.

Remarks

Individual number (not required wh… person's card)

*If you entered your individual num…

One of the following: (1) Copy of in…

・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)

Mercari Health Insurance Association