

## Required Documentation for Applying for Reimbursement of Medical Expenses Incurred Abroad

\*If any documentation is written in a foreign language (i.e. not Japanese), **please attach a Japanese translation with the name and address of the translator.**

\*Please be aware that even if all the above documents are provided, **we may ask for documents containing greater detail regarding the contents of the medical visit during the application inspection process.**

### Checklist

Category	No.	Document	<input type="checkbox"/>
Documents to be filled out by physician(s) (Separated by month and inpatient/outpatient visits)	①	Attending Physician's Statement (Form A)	
	②	Itemized Receipt (Form B)	
	③	Attending Dentist's Statement (Form C)	
Documents to be filled out by insurance recipient	④	Authorization to Release Medical Records	
	⑤	Medical Expenses Incurred While Abroad Confirmation Form (海外療養費確認表)	
Documents issued by the medical institution	⑥	Original copy of the receipt	
Other	⑦	Health insurance card	
	⑧	Passport (original), plane ticket, or other documentation that shows proof of travel overseas	
	⑨	Bank account information of the head of household	

### Important points to note for each document

#### ①. Attending Physician's Statement (Form A)

It must contain the following formation:

1. Name, date of birth, and sex of the patient
2. Name of the illness or injury, and its corresponding number from the International Classification of Diseases for the use of National Health Insurance
  - \*Please refer to the attached *Table of International Classification of Diseases for the use of National Health Insurance* for the classification number.
3. Date of first visit to the medical institution
4. Number of examination and treatment days during the month
5. Length of hospitalization, or number of days examined/treated
6. Reason(s) 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", etc.)

\*If general terms such as "medical visit" and "examination" 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, write a checkmark next to "Yes". If it was for any other reason, write a checkmark next to "No".
9. Write the attending physician's name, signature, address, and the date the form was completed

②. Itemized Receipt (Form B)

The amounts corresponding to each item must be included.

For the "Consultation Fee", "Medication Fee", and other fields, you must write **the exact price of each treatment/medication** in the box on the right. Alternatively, please attach a separate document which contains these details.

③. Attending Dentist's Statement (Form C)

If the patient was seen for dentistry, submit the Attending Dentist's Statement (Form C) instead of ① and ②.

④. Authorization to Release Medical Records

Read through the contents of the form, then have the insurance recipient who received treatment sign the form.

⑤. Medical Expenses Incurred While Abroad Confirmation Form

Fill out each section in detail.

⑥. Original copy of the receipt

The name of the medical institution, date of visit, and medical fees incurred must be printed on the receipt.

⑧. Patient's passport (original), plane ticket, or other documentation that shows proof of travel overseas

If submitting the passport, it must have an official stamp from Immigration Control.

**Where to submit application**

Please apply at the National Health Insurance desk of the ward or branch office where your residence is registered. You cannot apply via postal mail.