

Application Procedure for Medical Expense Paid outside Japan

1. In the case that you, insured person, or your enrolled dependents is injured or affected by a disease during staying outside Japan, the medical expense, converted in equivalent of regulated “Japan Health Care Medical Service Fee System”, is covered.

Please note: 100% or 70% of actual expense is not automatically reimbursed.

2. Please use ballpoint pen to fill in this form.
3. Please use one application form for one month and for hospitalization / outpatient separately.

For example

In April, you received outpatient treatment and also got hospitalized..

In May, you were released from the hospital..

3 different forms ((1) April outpatient, (2) April hospitalization, (3) May hospitalization) are necessary.

4. We do not wire money to any banks or any institution outside Japan

5. Due date of submission of this form is as follows

Except for August: 10th of a month

August: 2nd working day (Because in August we regularly have long vacation, we change due date.)

Although we will wire the money in every 27th of a month (when 27th is our office or bank holiday we will wire the money on the previous day), it sometimes takes two or more days till you receive that money.

Additionally, please note that in the case that checking or inspection etc is necessary, we need one or more months till we wire the money.

6. The period of prescription is completed when two years passed since you paid the expense in the medical agency.

7. The following documents are necessary when you apply.

- (1) Medical Expense Application Form (療養費支給申請書)
- (2) Attending Physician's Statement (Form A: Request to Attending Physician) *1
- (3) Itemized receipt (Form B: Request to Superintended of Hospital / Clinic) *1
- (4) Japanese Translation of Form A and Form B (Form C: 邦訳(Form A and Form B について)) *2
- (5) Original copy of the receipt you received when you paid the expense in the medical agency

*1: In document (2) and (3), the certification (stamps and signature) of the medical agency is required.

*2: In document (4), please fill the name, the address and the phone number of the translator.