

Please fill in all the blanks in the bold frame.

*All the years should be written in the Japanese Calendar system.

使用レート:		常務理事	事務長	担当
記入見本				
令和 年 月 日				
It takes longer for a decision to be made compared to an application for the domestic medical care expense.				

被保険者・被扶養者 海外療養費支給申請書

資生堂健康保険組合 理事長 殿

Employee Number 【太枠内は必ず記入ください】

被 保 者	Health Insurance Card [Symbol] [Number]	記号 ○ ○ ○ ○	被保険者 (社員番号) ○ ○ ○ ○ ○ ○
		番号 ○ ○ ○ ○ ○ ○	Name of Insured Person 花 椿 太 郎
	Name of Patient 花 椿 太 郎		Date of Birth of the patient: [Showa] / [Heisei] / [Reiwa] [Year][Month][Date] ● 昭和 ○ 平成 ○ 令和 0 年 0 月 0 日
	Name of Injury or Illness (e.g. acute gastroenteritis) 急性胃腸炎		Date of Onset or Injury: Reiwa [Year][Month][Date] 0 年 0 月 0 日 (負傷の場合は 時頃) Time of Injury: [] o'clock
Cause and Course of Illness or Injury (e.g. Suddenly developed nausea, diarrhoea, severe abdominal pain, and fever at midnight and visited a hospital.) 急・下痢・激しい腹痛・発熱が起こり、病院を受診した。 [Hospitalisation] / [Outpatient]			
險 者	Currency ドル	入院・入院外 ● 入院 ○ 入院外	
	The amount paid to the hospital, etc. for the medical treatment Amount 0,000	Treatment Period: From Reiwa [Year][Month][Date] To Reiwa [Year][Month][Date] 自 0 年 0 月 0 日 至 0 年 0 月 0 日	
	Name of Country アメリカ合衆国	Number of days of medical treatment 0 日	
	Reason for not being able to receive treatment in Japan ○ 海外駐在 [Overseas residence] (Accompanying family members are included) ○ 海外出張 ○ はい ● いいえ Reason: [Detail (e.g. Family travel for sightseeing.)] In this case, a photocopy of passport pages (showing holder's identity and the period of travel) is required to be attached. パスポートの写しは、本人確認ができるページ及び渡航期間の確認ができるページの写しが必要です		
Was the Injury or Illness caused by work-related accident, commuting accident or a third-party act? [Yes] / [No]			
入 欄	This part is an agreement for the Health Insurance Society to make an enquiry to the medical institution where the patient actually received medical treatment and the doctor in charge of the patient.		
	令和 年 月 日	Postal Code 〒 000-0000	Address 〇〇県〇〇市〇〇区〇〇町〇丁目〇番〇号
	Reiwa [Year][Month][Date]	Name of Insured Person 花 椿 太 郎	Phone Number TEL 000-0000-0000

For employer

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Certification from employer is required.

*Please submit this "Application Form for Overseas Medical Care Expenses" with the following "Attached Documents" to your employer.

受領者 所在地

※この「海外療養費支給申請書」に下記の「添付書類」を添付して、事業主へ提出してください

事業所名

事業主名

Note: If the following conditions are different, please submit separate applications.

- Month in which the medical treatment was received
- Medical institution where the medical treatment was received
- Hospitalisation or outpatient

Documents required to be attached

- (1) A breakdown of medical expenses (A doctor's certificate showing the details of the medical treatment)
- (2) Receipt statement (original) (with the name of patient)
- (3) Japanese translation
- (4) In the case that the reason for not being able to receive treatment in Japan is "Other", a photocopy of passport pages. (The pages showing the holder's identity, the entry or exit stamp of the country where you stayed.)

If each of the attached documents is written in a foreign language, please attach a Japanese translation, and also provide the name and address of the translator.
It is recommended that the translation is made by a third-party, however, in the case that the translation is unavoidably made by the applicant, please also write the name and address of the person.

認める頁)