

海外診療内容明細書 (医師記入用)

- 1.This form is used for claiming the social insurance benefit
- 2.This form should be completed and signed by either the attending physician or the superintendent of a hospital/clinic
- 3.One form for each month, One form for hospitalization/outpatient and home visit.

Attending Physician's Statement

1.Name of patient (Last First) Age (Date of Birth) Sex (Male・Female)

2.Name of Illness

3.Date of First Diagnosis , 20

4.Days of Diagnosis and Treatment: days

5.Type of Treatment

Hospitalization: From , 20 to , 20 (days)

Out patient or Home visit: , 20 , 20

 , 20 , 20

6.Nature and Condition of Illness or Injury (in brief)

7.Prescription, operation and any other treatments (in brief)

8.Was the treatment required as a result of an accidental injury? Yes No

Itemized Receipt

Fee for Initial Office Visit	\$	X-Ray Examinations	\$
Fee for Follow-up Office visit	\$	Laboratory Tests	\$
Fee for Home Visit	\$	Medicines	\$
Hospitalization	\$	The Others(Specify)	\$ \$
Consultation	\$		\$ \$
Operation	\$	Total	\$

Important : Exclude the amount irrelevant to the treatment, i. e, payment for luxurious room charge

Name and Address of Attending physician

Name : Last First

Address : Home Phone

 Office Phone

Date : Signature

Attending Physician

Reference Number of your Medical Record (if applicable)

Superintendent of Hospital or Clinic

Name : Last First Title

Address : Home Phone

 : Office Phone

Date : Signature

この用紙は海外で保険給付の対象となる医療行為を受け、保険給付金を申請するときに、請求書に添付する診療内容明細書です。
明細書は「医師記入用」と、その「翻訳文」の2枚を提出してください。「医師記入用」は診療を受けた医師の記入が必要です