For those who do not have Private Health Insurance

2013 edition
Ministry of Health, Labour and Welfare, Japan
Hiroshima Prefecture

To Overseas Atomic Bomb Survivors

- Procedures for the Medical Expense Support Program for Overseas Atomic Bomb Survivors -

(* This notice is for those living in the following countries: Brazil, Argentina, Republic of Paraguay, Republic of Bolivia and Republic of Peru.)

Receiving of applications for the Medical Expense Support for 2013 has started. Those who have been issued Notification of the Confirmation of Eligibility could follow the procedures for application below.

1. Please submit the following papers (1)-(7).

(1) Application Form

Please complete the necessary information in the formats provided on pages 4-6 of this notice.

(2) A governmental certificate verifying identity (This should be received within one month of issue.)

e.g., one of the followings: a family register, an abstract of the family register, an attestation by a notary public, a certificate of residence, or evidence of residency, etc.

* However, if you are a recipient of Health Management Allowance, Health Allowance, Special Medical Care Allowance, Special Allowance, or Atomic Bomb Microcephaly Allowance at the time of submitting the Application Form, it is not necessary to submit any one of these certificates.

(3) A copy of whichever of the following documents:

a) Notification of the Confirmation of Eligibility
b) Atomic Bomb Survivor's Certificates
c) Statements of Recognition for Situation with regard to Atomic Bombing (Atomic Bomb Survivor Statements of Recognition)

* If any of the information, including your name, address or telephone number, has since changed, please submit the form provided on page 8 (Notification of Change(s) in Confirmed Information) with the required information.

(4) A document confirming the bank account into which funds will be transferred, such as a photocopy of a bank book, etc.

(5) A receipt from the medical institution

(6) A document confirming hospitalization, if you have been in hospital for 4 days running or longer

(Note) The receipt from the medical institution described in (5) above must specify the following four points.

1) Amount paid to the medical institution

2) Name of the payer (it should be identical to the name of applicant)

3) Name, address, and telephone number of the medical institution

4) Date of the payment to the medical institution

* Please make the amount of medical expense clear by suitable means such as by underlining. If submitted receipts include medical expenses for person(s) other than the applicant, please make payment for the applicant clear in a similar way.
* With regard to the receipt, please make sure to submit original one (copy unacceptable). (A copy may be accepted if there are special reasons.)

(7) List of Medical Institutions Visited

* Please complete the necessary information regarding the medical institutions you visited in 2013 in the form provided on pages 7 of this notice.

2. The "Medical Expense Support for 2013" covers medical expenses paid during the 12 months from January to December 2013. The limit on reimbursements for that year is 179,000 yen (or 191,000 yen in the case where you have been hospitalized for 4 days running or longer).

3. These papers ((1)-(7) of item 1) mentioned above should be mailed **so that they arrive at the following address no later than January 31 (Friday), 2014.**

If the medical expenses reach the limit of reimbursement, 179,000 yen (or 191,000 yen in the case you have been hospitalized for 4 days running or longer), you may send the papers at that time.

The transfer procedures for the Medical Expense Supports will have been implemented by **March 31, 2014**. Please make sure to contact us if you change your bank account before that time.

4. Before mailing, please make sure that all of the above mentioned papers necessary for application are enclosed by using the checklist provided on page 9.

If you have any questions, please feel free to contact the below.

Hosoda
Japan Public Health Association
Tel: +81-3-3352-4281
Fax: +81-3-3352-4605
E-mail: zaigai@jpha.or.jp

[Address]
Medical Expense Support Program for Overseas Atomic Bomb Survivors
Japan Public Health Association
1-29-8, Shinjuku, Shinjuku-ku, Tokyo 160-0022, Japan

Application Form for Support Program (Medical Expense)

Notification number of the confirmation of eligibility for Medical Expense Support					-					

Name		Date of birth (M/D/Y)		Sex: Male/Female
Country of residence				
Address				
Telephone number	(Start from country code)			
Fax / E-mail				
Bank account for transfer	Name of financial institution			
	Branch name (* 1)			
	Branch address (* 2)			
	Account No. (* 3)			
	Name of account holder (* 4)			
Hospitalization for 4 days running or longer (*5)		Included / Not included		
Hospitalization period (*6)		From (M)/ (D)/ to (M)/ (D)/		
Receipt or non-receipt of any allowance at the time of the application (*7)		Receipt / Non-receipt		
Amount of grants applied for	In local currency:	(unit) (* For official use only)		
	In Japanese yen:	Yen value (* For official use only)		

* 1 Please make sure that the name of the branch is filled in.
* 2 Please be sure to fill in the address of the branch.
* 3 Attach papers which confirm the bank account for transfer, such as a copy of a bankbook, etc.
* 4 Bank accounts must be in the name of the person possessing eligibility.
* 5 If this is the case including hospitalization for 4 days running or longer, please check "Included" and the appropriate doccuments confirming that event should be attached.
* 6 If this is the case including hospitalization for 4 days running or longer, please enter the period.
* 7 If you are a recipient of Health Management Allowance, Health Allowance, Special Medical Care Allowance, Special Allowance, or Atomic Bomb Microcephaly Allowance at the time of this application, please check "Receipt".

Governor of Hiroshima Prefecture

I hereby apply for the Medical Expense Support for 2013 with the related documents attached.

Date: / / (M/D/Y)

Name of applicant:

Seal (Signature)

(If you apply on behalf of the applicant, please fill in here.)

Name of proxy applicant:

Proxy applicant contact details:

* Please provide the details on which you can be reached during office hours.

Details of Grants Applied for

	Amount	Remarks (Name of the hospital in case of hospitalization)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total		

Note 1: Paste receipts of expenses to page 6 (categorize receipts by month).

Note 2: Write amounts in the monetary unit of the country of residence.

Attached Receipts for the Month of ( )

Note 1: Receipts must have the following:

(1) Amount paid to the medical institution

(2) Name of the payer (it should be identical to the name of applicant)

(3) Name, address, and telephone number of the medical institution

(4) Date of the payment to the company

Note 2: Any receipts submitted will not be returned.

Note 3: Please photocopy this form and prepare one for each month, as necessary. Submission in other formats is acceptable as long as the months are clearly stated.

List of Medical Institutions Visited

(Please write the name of medical institution(s) you visit regularly or your regular medical institution below.)

Date:____/____/____(M/D/Y)

Governor of Hiroshima Prefecture

Address:
Name:
Telephone Number: ( ) -

Name of medical institutions	Address of medical institutions	Telephone number

Notification of Change(s) in Confirmed Information
(Change in Name, Address and/or Telephone number)

Date: ___/___/___(M/D/Y)

Governor of Hiroshima Prefecture

(New) Address:
(New) Name: Seal (Signature)

I hereby notify the change(s) in the name, address and/or telephone number as follows with an attached copy of the Notification of the Confirmation of Eligibility for Medical Expense Support.

Notification number of the confirmation of eligibility for Medical Expense Support				-					
Change in name	Former name								
	New name								
Change in address	Former address								
	New address								
Change in telephone number	Former number	(Start from country code)							
	New number	(Start from country code)							
Date of the change(s)		(M/D/Y)							

* Documents confirming the change(s) specified above and the identity of the individual in question should also be attached.

Checklist for Documents to be Submitted

* Before submitting documents, please make sure that all of necessary documents are enclosed by using this checklist.

Enclosed or not	Documents to be submitted
☐	Application Form (page 4)
☐	Details of Grants Applied for (page 5)
☐	Governmental certificate verifying identity: Be sure to prepare the one received within one month of issue (a family register, an abstract of the family register, an attestation by a notary public, a certificate of residence, or evidence of residency, etc.) * If you are a recipient of Health Management Allowance, Health Allowance, Special Medical Care Allowance, Special Allowance, or Atomic Bomb Microcephaly Allowance at the time of submitting the Application Form, it is not necessary to submit any one of these certificates.
☐	Copy of one of the following: Notification of the Confirmation of Eligibility, Atomic Bomb Survivor's Certificates, Statements of Recognition for Situation with regard to Atomic Bombing (Atomic Bomb Survivor Statements of Recognition)
☐	Document confirming the bank account into which funds will be transferred, such as a photocopy of a bank book, etc.
☐	Receipts from the medical institution (attached to the form "Attached Receipts for the Month of" of page 6) *1: Please make the amount of medical expense clear by suitable means such as by underlining. *2: If submitted receipts include medical expenses for person(s) other than the applicant, please make payment for the applicant clear.
☐	Document confirming hospitalization for 4 days running or longer (only when you have been in hospital for 4 days running or longer)
☐	List of Medical Institutions Visited (page 7)
☐	Notification of Change(s) in Confirmed Information (only when you have changed your address (page 8))