

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.)

Overseas residents who have Atomic Bomb Survivor's Certificates or Statements of Recognition for Situation with regard to Atomic Bombing (Atomic Bomb Survivor Statements of Recognition) are entitled to receive support for medical expenses paid through insurance policies. Details of the application procedures are as follow.

This support program will cover 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).

For first-time applicants

- (1) The persons applying for the "Medical Expense Support for 2013" are required to obtain confirmation of eligibility for receiving the support.
- (2) Papers necessary for obtaining the confirmation of eligibility needed to apply for Medical Expense Support are as follows:
 1. Application Form for Confirmation of Eligibility
Please complete the necessary information in the form provided on pages 3 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.
 3. A copy of the Atomic Bomb Survivor's Certificate (the page with the stamp of the prefectural governor or the mayor), or a copy of the Statements of Recognition for Situation with regard to Atomic Bombing (Atomic Bomb Survivor Statements of Recognition)
 4. List of Medical Institutions to be Visited
* Please complete the necessary information in the form provided on page 4.

- (3) These papers (1-4 of item (2)) mentioned above should be mailed **so that they arrive** at the following address **no later than November 29 (Friday), 2013**. Notifications of the Confirmation of Eligibility will be sent to all those who qualify for assistance after the confirmation process is completed.
- (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 5.

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 Confirmation of Eligibility (Medical Expenses)

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	<input type="checkbox"/> * Atomic Bomb Survivor's Certificate <input type="checkbox"/> * Statements of Recognition for Situation with regard to Atomic Bombing (or Atomic Bomb Survivor Statements of Recognition) *Place a circle in either one.			
				

Governor of Hiroshima Prefecture

I hereby submit the respective documents for the confirmation of eligibility for Medical Expense Support.

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.

List of Medical Institutions to be 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

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
<input type="checkbox"/>	Application Form for Confirmation of Eligibility (page 3)
<input type="checkbox"/>	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.)
<input type="checkbox"/>	Copy of one of the following: Atomic Bomb Survivor's Certificates, Statements of Recognition for Situation with regard to Atomic Bombing (Atomic Bomb Survivor Statements of Recognition)
<input type="checkbox"/>	List of Medical Institutions to be Visited (page 4)

To the persons who have already been confirmed to be eligible

1. Those who have already received Notification of the Confirmation of Eligibility from Hiroshima Prefecture and will apply for “Medical Expense Support for 2013” should mail the papers mentioned below **so that they arrive at Japan Public Health Association no later than January 31 (Friday), 2014.**

- 1) Application Form

Please complete the necessary information in the formats provided on pages 8-10 of this notice.

- 2) A document confirming the bank account into which funds will be transferred, such as a photocopy of a bank book, etc
- 3) A receipt from the medical institution
- 4) 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 3) 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.)

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).

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.

3. Before mailing, please make sure that all of the above mentioned papers necessary for application are enclosed by using the checklist provided on page 11.

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 Expenses)

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 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 documents 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.

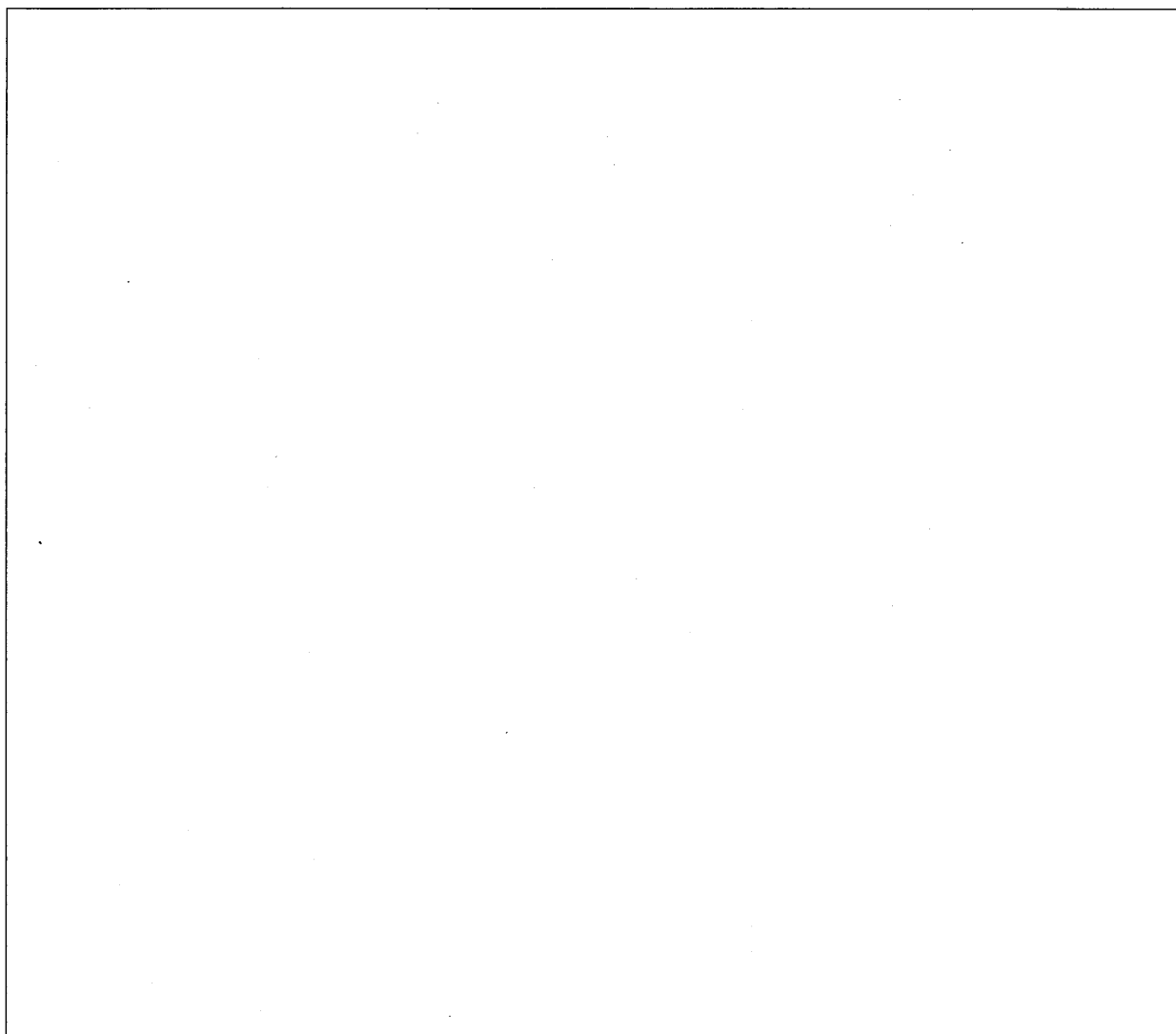
Details of Grants Applied for

	Amount	Remarks (Name of 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 10 (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.

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
<input type="checkbox"/>	Application Form (page 8)
<input type="checkbox"/>	Details of Grants Applied for (page 9)
<input type="checkbox"/>	Document confirming the bank account into which funds will be transferred, such as a photocopy of a bank book, etc.
<input type="checkbox"/>	<p>Receipts from the medical institution (attached to the form “Attached Receipts for the Month of ” of page 10)</p> <p>*1: Please make the amount of medical expense clear by suitable means such as by underlining.</p> <p>*2: If submitted receipts include medical expenses for person(s) other than the applicant, please make payment for the applicant clear.</p>
<input type="checkbox"/>	Document confirming hospitalization for 4 days running or longer (only when you have been in hospital for 4 days running or longer)