

患者氏名 :

患者 ID :

Consent Form for Use for the Direct Payment System for Childbirth Lump Sum

(Details of the Direct Payment System for Childbirth Lump Sum)

- If you are covered by health insurance, we will claim payment of the childbirth lump sum from your health insurance provider on your behalf. No extra fee is charged for this service. This lump sum includes the lump-sum benefit for childbirth by a family member and the mutual aid delivery expense for childbirth by an insured person or a family member.
- If your medical expenses charged by this hospital when you are discharged total no more than the principle lump sum of ¥420,000, you will not need to pay in cash at the cashier's desk.
 - (i) If the delivery expenses are more than ¥420,000, you will need to pay the difference at the cashier's desk.
 - (ii) If the delivery expenses are less than ¥420,000, you can claim the difference from your health insurance provider.
- If you receive medical services covered by health insurance, such as a Cesarean section, you are responsible for 30% of the medical expense. However, the childbirth lump sum will also be used to pay your liability.
- If you do not wish to use this system but instead wish to receive the lump sum directly from your insurance provider, you will have to pay all of the delivery expenses in cash when you are discharged.
If you do not wish to use this system, please check the box "not to use" below and submit this form to us, because a copy of this form is required when you claim the lump sum from your health insurance provider.

(If you are pregnant, please follow these procedures)

- Present your insurance certificate upon admission to the hospital. If your insurance policy changes after admission, please present an amended certificate promptly.
- If you need high-cost medical services that are covered by health insurance, such as a Cesarean section, based on the results of your health checkups during pregnancy, please apply for an "Eligibility Certificate for Ceiling-Amount Application" from your insurance provider, and present this to us as well. If you do not have it when you are admitted, please obtain it before you are discharged. Otherwise, the amount billed may be greater than necessary.

Having been provided the above explanation,	
<input type="checkbox"/> I have decided to use	<input type="checkbox"/> not to use
the Direct Payment System with respect to the lump sum to be paid by my health insurance provider _____.	

Date (YYYY/MM/DD): / /

Insured person (head of household):	
Expectant mother (if not head of household):	
Hospital ID No.:	
Date (or expected date) of delivery (YYYY/MM/DD):	/ /

*Your personal information will be handled in accordance with the regulations of the institution.