

Visiting nursing service contract (medical insurance)

_____ (hereinafter referred to as the "User") and Dot Line Co., Ltd. (hereinafter referred to as the "Business Operator") enter into the following contract regarding the visiting nursing services to be provided by the Business Operator to the User.

• Article 1 (Purpose of the Contract)

The provider will provide visiting nursing services in accordance with the Medical Insurance Act and other relevant laws and regulations and this contract, to support the user's recuperation and assist with medical treatment, and to enable the user to live an independent daily life at home as much as possible according to their abilities.

• Article 2 (Contract Period) 1

The contract period of this contract shall be from the date of the contract until the User expresses his/her intention to terminate the contract.

However, if the contract is terminated as specified in Article 9, the contract period shall be until the date specified. 2 If the User does not notify the Company of the termination of the contract in writing two days prior to the expiration of the contract,

The contract will be automatically renewed.

• Article 3 (Individual service plan) The

provider will prepare a "visiting nursing plan" or similar document as an "individual service plan" that describes the user's service goals and the specific service content for achieving those goals, taking into account the user's doctor's instructions, the user's daily life situation, and their wishes, and will provide services in a planned manner in accordance with this.

Article 4 (Relationship with the attending

physician) 1. When the business operator begins providing home nursing care services, the business operator will receive written instructions

from the attending physician. 2. The business operator will submit a "Home Nursing Plan" and a "Home Nursing Report" to the attending physician and will work closely with the attending physician.

• Article 5 (Records of provision of services)

1 The provider will record the details of the services provided in the visiting nurse record and will provide a copy to the user if requested. 2 The provider will create a record of the services provided and will keep it for five years after the termination of this contract. 3 Users may view the service implementation record under Section 2 for the relevant user at the provider's business premises during the provider's business hours. 4

Users may receive copies of

the service implementation record under Section 2 for the relevant user. (However, a cost of 20 yen will be charged for each copy.)

• Article 6 (Payment Method)

Users must choose one of the payment methods below and pay the total amount for the period from the 1st to the last day of the month using the selected method, including user fees. 1) Bank account deduction: The service

provider will automatically debit

the user's account on the 27th of the following month. The service provider will cover any deduction fees. 2) Postal savings account

transfer: Users must pay the

total amount for the current month

by the last day of the following month, by transferring the money to the account listed below. The service provider will cover any transfer fees.

Postal Savings Account (Account Number 00290-7-87433)

If the service fee is not paid by the due date, Dot-Line Co., Ltd. will charge the subscriber late interest calculated at an annual rate of 14.6% based on the number of days from the day after the due date to the day payment is completed.

If the service is not covered by medical insurance (including cases where part of the service fee exceeds the system reimbursement limit), you will be responsible for the full cost.

• Article 7 (Other fees) The user

shall bear the costs of water, gas, electricity, and telephone used by the service worker in providing the services at the user's home.

• Article 8 (Cancellation of Service)

1. The User may cancel the use of the Service without incurring any charges by notifying the Service Provider at least one business day before the Service is to be provided.

2 If the User cancels the Service without notifying the Company by the business day before the Service date

If a cancellation is requested, the operator may charge the user a cancellation fee according to the calculation method set out in the Important Information Explanation Document.

Article 9 (Termination of Contract)

1. The User may terminate this contract by giving written notice to the Company with a one-week notice period. However, in the event of unavoidable circumstances such as the User's illness or sudden hospitalization, the User may terminate this contract with less than one week notice.

2 If any of the following circumstances occur, the User may immediately terminate this Agreement by notifying the User in writing.

• When the

business does not provide services without a valid reason • When the business

violates confidentiality obligations • When the

business acts against socially accepted standards towards the user or his/her family • When the business goes bankrupt

3 When the business determines that

the user has violated laws and regulations or other unfair practices, there is no prospect of improvement despite the business's request,

and it is difficult to achieve the purpose of the contract, the business may terminate this contract by notifying the user in writing,

stating the reasons, with a two-week notice period. 4 When the following circumstances apply, the business may immediately

terminate this contract without the need for notice or other procedures.

• If the user's payment of

the service fee is overdue for more than two months and the payment is not made within 14 days despite a demand to pay the fee.

• The user or his/her family members cause harm to the body, property, reputation, etc. of the business operator or service worker.

If you take any action that makes it difficult to continue this contract, such as

5 This contract will automatically terminate if any of the following events occur: • If the user

enters a long-term care insurance facility. • If the user dies.

• Article 10 (Confidentiality) 1.

The Company and its employees shall not disclose to third parties any confidential information about the User or his/her family that they learn

in the course of providing the Service without a valid reason. This confidentiality obligation shall also apply after the termination of

the contract. 2. The Company shall not disclose any confidential information about the User at a service provider meeting, etc., unless the User gives prior written consent.

We do not use personal information.

3 Unless the service provider obtains prior written consent from the user's family, the service provider may not disclose

We will not use the family's personal information.

• Article 11 (Liability for compensation)

If the operator causes damage to the life, body, or property of a user in the course of providing services due to reasons attributable to

the operator, the operator will compensate the user for such damage.

• Article 12 (Emergency response) If

an emergency occurs regarding a medical condition of a user while the provider is currently providing home nursing services, the provider will

take necessary measures, such as promptly contacting the user's doctor or relevant medical institution.

Article 13 (Obligation to carry identification)

Service workers must always carry identification and must present it at the first visit and whenever requested by the user or the user's family.

• Article 14 (Collaboration)

When providing home nursing services, the provider will endeavor to maintain close cooperation with those providing health care services or welfare services.

• Article 15 (Handling consultations and

complaints) The provider will set up a consultation desk to handle consultations, complaints, etc. from users and will respond promptly to requests and complaints from users regarding home nursing services.

• Article 16 (Matters not stipulated in this Agreement)

1. The User and the Company shall execute this contract in good faith. 2. Regarding matters not specified in this contract, the User and the Company shall respect the provisions of the Medical Insurance Act and other laws and regulations.

The parties will decide on this matter through good faith discussion.

• Article 17 (Jurisdiction)

In the event that litigation becomes unavoidable regarding this Agreement, the User and the Company agree in advance that the Chiba District Court shall be the court of first instance.

I agree to the above contents and the attached important matters explanation document and other consent documents, and will prepare two copies as evidence of this contract. The user and the business operator will each keep one copy after signing and sealing it.

• Visiting nursing contract •

Visiting nursing important matters explanation

• Personal information use consent

form • Consent form for additional payment for visiting nursing services under medical insurance

I have read and agree to the above written explanation.

Contract date: Year/Month/Day

Contractor name

Business

operator <Business operator name> Dot Line Co.,

Prefecture Ltd. 2-6-1 Nakase, Mihama-ku, Chiba City, Chiba

<Address> <Representative name> Representative Director Yusaku Kakimoto Seal

User

<Address>

<Name>

mark

(Representative) <Address>

<Name>

mark

relationship()

Important information about visiting nursing services (medical insurance)
<As of December 1, 2023>

1. Inquiries regarding the services we provide

Phone: 043-215-8860 (9:00 a.m. to 6:00 p.m.) *On-call contract holders are available 24 hours a day.

Person in charge: Yuri Takaishi

* Please feel free to ask us any questions you may have.

2. Overview of Dot Line Dot Life Chiba Chuo Co., Ltd. (Visiting Nursing)

(1) Types of services available and areas

Office name	γ Dot Life Chiba Chuo (Visiting Nursing)
location	γ Saga Building 1F, 1-4-2 Honmachi, Chuo-ku, Chiba City, Chiba Prefecture
Nursing care insurance designated number Business number 1260191643	•Other services: Visiting nursing care, preventive nursing care
Services provided in Chiba City, Yachiyo City, and Ichihara City region *	

*If you are not from the above areas but are interested, please contact us.

(2) Staff structure of the facility

	Full-time	Business Content	Content Total
Qualifications	1	Centralized Management	1 person
Nursing license Nursing license	person 3 or more people		3 or more people

Manager Nurse () Male

	Normal Hours 9:00γ18:00	early morning 6:00γ8:00	Nighttime 18:00γ22:00	Late night 22:00γ6:00	
Weekdays	•	•	•	•	
Saturdays, Sundays, and holidays	•	•	•	•	

3. Service details

γ Observation of health condition (measurement of blood pressure, body temperature, breathing, observation of medical condition)

γ Nursing for daily life (cleanliness, excretion, meals, etc.)

3) Home rehabilitation nursing (prevention of becoming bedridden, limb exercises, etc.)

γ Guidance on medical treatment and nursing care methods

5. Consultations on dementia care and prevention of deterioration

γ Nursing care based on doctor's instructions, such as catheter management and treatment of bedsores

γ Consultations regarding daily living tools and home care services

γ End-of-life care

4. Usage fees

(1) Usage fees

*See attached sheet

(2) Transportation

costs: 100 yen per kilometer per visit (weekdays and holidays).

However, transportation costs are free for those who reside in the area where the service is provided.

(3) Cancellation fee In

the event of sudden cancellation, the following fee will be charged. If you need to cancel, please contact us immediately.

(Contact phone number: 043-215-8860) Cancellation fee: 2,000

yen

*However, no cancellation fee will be charged in the following cases: - If there is an emergency or unavoidable circumstance, such as a sudden change in the user's condition - If you contact us within business hours the day before.

(4) Other ý The

cost of water, gas, electricity, etc. used to provide the service at the customer's residence shall be borne by the customer. ý

Payment method

Users must choose one of the payment methods below and pay the total amount for the period from the 1st to the last day of the month using the selected method, including user fees. 1) Bank Account

Debit Dot-Line Co., Ltd. will

automatically debit the user's account on the 27th of the following month. Debit fees will be borne by Dot-Line Co., Ltd.

2) Postal Savings Account Transfer Users must pay the total

amount of the fee for the current

month by the last day of the following month by transferring the money to the account below. Transfer fees will be

borne by the user.

Postal Savings Account (Account Number 00290-7-87433)

If the service fee is not paid by the payment due date, Dot-Line Co., Ltd. will charge the subscriber late interest calculated at an annual rate of 14.6% based on the number of days from the day after the payment due date to the day payment is completed.

If the service is not covered by medical insurance (including cases where part of the service fee exceeds the system reimbursement limit), you will be responsible for the full cost.

5. How to use the service

(1) Start using the service

First, please apply by phone or other means. Our staff will visit you. We will create an individual service plan, sign a contract, and begin providing services.

(2) Termination of Service

• If you wish to terminate the service for your own reasons, please

notify us in writing at least one week before the date you wish to terminate the service.

• When the service is terminated for our convenience.

We may terminate the provision of services due to unavoidable circumstances such as a lack of personnel. In such cases, we will notify you in writing at least one month before the termination.

• Automatic

Termination In the following cases, the service will be automatically terminated without notice from either party. If the customer enters a nursing care insurance facility. If the customer dies.

• Others If the

Company fails to provide the Services without a valid reason, if the Company breaches confidentiality obligations, if the Company commits acts against social standards towards the Customer or his/her family, or if the Company goes bankrupt, the Customer may immediately terminate the Services by notifying the Customer of the intention to terminate in writing.

- If you are more than two months late in paying the service fee and fail to pay within 14 days of a demand to pay, or if you or your family members betray our company or our service employees to the extent that it becomes difficult to continue this Agreement, we may immediately terminate the service by notifying you in writing.

6. Features of our visiting nursing services

(1) Operational policy

•In implementing designated home nursing services, under the direction of the client's doctor, we will place emphasis on ensuring the quality of life, taking into account the client's physical and mental characteristics, and will promote health management and the maintenance and recovery of overall daily activities, as well as promote home medical care and support for the continuation of comfortable home care. •In implementing the service, we will strive to provide comprehensive services in close cooperation with relevant wards, cities, towns, and villages, and local health, medical, and welfare services.

(2) Matters for using the service

Possibility	Yes/No	Notes • If you wish to
of changing the employee in charge	change	please let us know. • • Training is provided at least once
Presence or absence	a	
of male employees Implementation	year. •	
of training for employees Creation of		
service manual Others		

7. How to respond in an emergency

Emergency response hours: Weekdays 9:00-18:00 *On-call contract holders are available 24 hours a day. Emergency response person: Yuri Takaishi Phone: 043-215-8860

If there is a change in the patient's condition during the provision of services, the patient's doctor, ambulance, or other relevant personnel will be notified in advance. We will contact relatives, medical social workers, and other relevant parties.

8. Complaints about the Service

Summary of measures

ý Establishment of a permanent contact point and person in charge to respond to inquiries or complaints from users

Our customer service and complaints department

Contact: Yuri Takaiishi Phone: 043-215-8860 (Hours: Monday through

Friday, 9:00-18:00)

ý Systems and procedures for smooth and prompt complaint handling



- Always keep a record of complaints

- Clarify the facts and take appropriate action

•Situation report preparation - Clarifying the facts and preparing a written report

•Corrective and preventive action report preparation - Prepare a written report on measures to prevent recurrence, if necessary

•Report to medical social workers, doctors, etc. as necessary, hold conferences,

Report to the insurer and ask for instructions.

Submit the document to the user (or to the insurer if necessary), explain the procedure, and ask for their decision (obtain approval).

•Record the response method and results

If a resolution is difficult, consultations will be held with the insurer and the National Health Insurance Association.

ý Other reference points

Record the details of the complaint and share the information among service staff to prevent the complaint from recurring.

Regarding complaint handling, rather than simply "pursuing responsibility for failure," we will analyze the causes and communicate to employees (not just to the person who caused the complaint) responses that will be useful in the future and measures to prevent recurrence, and use them in the future.

If you wish to make a complaint to a company other than ours, please contact our consultation and complaint desk.

Contact: Chiba Prefecture Elderly Welfare

Division Tel: 043-223-2344

In charge: Chiba Prefectural Federation of National Health Insurance Organizations

Phone: 043-254-7318

9. Company Profile

Company name and type of corporation Yusaku Kakimoto, CEO of Dot Line Co., Ltd.

Representative's title and name Head office address and telephone number 2-6-1 Nakase, Mihama-ku, Chiba-shi, Chiba Prefecture 043-307-5095 Businesses specified in the articles of incorporation - Bathing, excretion, meals and other nursing care services for those requiring assistance, the elderly, the sick and the physically disabled in their daily lives - Home-based nursing care support business under the Long-Term Care Insurance Act - Home-based nursing care service business under the Long-Term Care Insurance Act - Preventive nursing care service business under the Long-Term Care Insurance Act - Community-based service business under the Long-Term Care Insurance Act - Community-based preventive nursing care service business under the Long-Term Care Insurance Act - Comprehensive preventive nursing care and daily life support business under the Long-Term Care Insurance Act - Labor dispatch business - Paid employment agency - Babysitting contract work - Other businesses incidental to

Reiwa Year Month Day

Upon starting to provide home nursing services, we explained important matters to users based on the contract and this document and provided them with the documents.

business person

Location: 2-6-1 Nakase, Mihama-ku, Chiba City, Chiba Prefecture

Name: Dot Line Co., Ltd. Representative:

Representative Director Yusaku Kakimoto mark

Presenter Name _____

Personal Information Use Agreement

I agree that the personal information of myself and my family members will be used to the minimum extent necessary as described below.

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1. Purpose of use

When necessary for service provider meetings and liaison and coordination to smoothly provide services in accordance with the home service plan

2. Scope of businesses

using the information All service providers that users use, related government agencies, etc.

3. Conditions for use

• The provision of information should be limited to the minimum necessary within the scope of the purposes described in 1, and the utmost care should be taken when providing information to ensure that it is not leaked to anyone other than those involved. • Businesses should keep records of meetings, attendees, content, etc. in which personal information is used.

4. Contents of personal information (examples)

• Name, address, health condition, medical history, family situation and any other information about the user or family members.

5. Period of use: From the

date of contract conclusion to five years after the end of the contract (subject to the obligation to retain documents)

that's all

Year Month Day

Consent form for additional payment for visiting nursing services under medical insurance

ý Special management surcharge

This will be added when planned management is carried out for users who require special management.

Special management for cases of high severity	Cases requiring special management
(1) Persons receiving home care for malignant tumor patients or home care for tracheotomy patients, or those using a tracheal cannula or indwelling catheter.	(1) Persons receiving home self-perfusion guidance and management, home hemodialysis guidance and management, home oxygen therapy guidance and management, home parenteral nutrition guidance and management, home elemental nutrition tube feeding guidance and management, home self-catheterization guidance and management, home artificial ventilation guidance and management, home continuous positive airway pressure therapy guidance and management, home self-pain management guidance and management, or home pulmonary hypertension patient guidance and management. (2) Persons who have an artificial anus or artificial bladder installed. (3) Persons with a ulcer that extends beyond the dermis. (4) Persons who are billed for home patient visit drip injection

ý 24-hour response system surcharge

If the facility is in a position to contact users or their families 24 hours a day and is in a position to provide emergency home visit nursing care as needed, an additional fee will be charged once a month. If an emergency visit is made, an additional emergency home visit nursing fee will be charged.

ý 24-hour contact system surcharge

If the facility is in a position to contact users or their families 24 hours a day and only answers the phone but does not provide emergency home visits, an additional fee will be charged once a month.

ý Joint guidance surcharge at the time of discharge

If a conference is held regarding life at home before being discharged from a hospital or clinic or before being discharged from a nursing home for the elderly, an additional payment will be made once (or twice in special cases) at the time of the first home visit after discharge.

ý Special management guidance surcharge

If joint guidance is provided at the time of discharge to a patient who requires special management after discharge (see "Special Management Surcharge" above), this is added to the Joint Guidance at Discharge Surcharge.

ý Discharge support guidance premium

An additional fee will be charged if the medical examination determines that a home nursing visit is necessary on the day of discharge and a visit is made to provide medical guidance.

ý Terminal care medical expenses

For users who die at home (care prevention is not included), if nursing care was provided for more than two days (times) on the day of death or within 14 days before the day of death, an additional payment will be made (including cases where the user died outside the home within 24 hours after terminal care).

* Post-mortem care (angel care): If you wish, we can provide this service after your pet has passed away (including the cost of materials) for an additional fee as shown below. (All fees are at your own expense) [15,000 yen including tax]

̣ Long-term visiting nursing care premium

When visiting nursing is provided to a client who is eligible for the special management surcharge, and a total time of 1 hour and 30 minutes of visiting nursing is followed by subsequent visiting nursing, the surcharge will be added for each visiting nursing.

̣ Multiple visits extra charge

This will be added when one of the following conditions is met and multiple nurses from one facility provide home nursing care to one client at the same time :

1. It is recognized that home nursing care by one nurse is difficult due to the client's physical condition.
case
2. When violent or nuisance behavior is recognized.
3. When the user's circumstances are judged to be equivalent to those listed in ̣ and ̣ above.

̣ Home-visit nursing information provision medical expenses

This will be added if you provide the city, ward, town, or village where the user lives with a document showing the status of home nursing care and provide the information necessary for health and welfare services. The city, ward, town, or village requests the provision of information mainly for the purpose of effectively providing health services such as health education, functional training, and home visit guidance, or welfare services such as home help services (including bathing , laundry, etc.).

̣ Emergency visiting nursing surcharge

At the request of the user or their family, an emergency visit is made at the direction of the user's doctor at a clinic or home care support hospital, and an additional charge is added once per day.

̣ Nighttime/Early Morning Surcharge, Late Night Surcharge

Night/Early Morning Surcharge: This will be added if services are provided between 6:00 AM and 8:00 AM or between 6:00 PM and 10:00 PM.

Late Night Surcharge: This will be added if services are provided between 10:00 PM and 6:00 AM.

̣ Infant and toddler supplement (under 6 years old)

When visiting nursing is provided to users under the age of 6, the fee is calculated up to once per day.

that's all

Year Month Day

**(Business operator) Dot Line Co., Ltd.
(Business location) Dot Life Chiba Chuo (Visiting
nursing) (Administrator) Yuri Takaishi**