

Date of visit Reiwa date	Day				Qualification verification		Managing Director	Secretary-General	Person in charge
Loan decision amount				Yen	Get	Hirasei Reiwa	Date		
Fixed amount Calculation basis					loss	Reiwa	Date		
					Fixed period		Reiwa date Sun ~		
							Reiwa date (days)		
				Payment date		Reiwa date Day			

High- value medical expenses fund loan application form (for medical treatment in Reiwa Year Month Treatment)

To be filled out by the insured	Insured	(1) Symbol/Number	99-9999	(2) Business Name	Bellsystem24, Inc.									
		(3) Name	Kenbo Taro											
	(4) Date of birth	Showa / Heisei		50	Year	8	Month	20	Day					
	Treatment recipient	(5) Name	Kenbo Taro											
		(6) Date of birth	Showa / Heisei / Reiwa		50	Year	8	Month	20	Day				
		(7) Relationship with the insured	The person											
		(8) Injury and illness name	Cerebral infarction											
		(9) Names hospitals, clinics, etc.	Name	XX General Hospital										
			Location	2-24-1, Chuo-ku, Tokyo										
		(10) Period of received medical treatment at (9) hospitals, etc. and hospitalization or outpatient	From Reiwa		1	year	5	month	1	day	to 5	month	31	day
	(11) Amount paid at a hospital, etc. during the treatment received in (10)	600,000 yen												
	(12) Whether you can receive the self-pay amount, all or part of it by other system or not	Yes can receive(the name of the program :												
			(a fee is required to receive Payment yes no)											
		Cannot receive												
(13) If you have received high medical treatment expense payment more than 3 times in 12 months prior to the month of treatment.	Reiwa		Year		Monthly medical treatment									
(14) The name of the bank to be deposited	XX Bank	XX branch		Ordinary Account	account number	1111111								
	(Other financial institutions)			Checking account	Account holder	Kempo Taro								
As mentioned above, I would like to apply for a loan according to the High Medical Expense Fund Loan Regulations.														
Reiwa 1 Year 6 Month 5 Date			Address Zip		111-1111 1-11-111 Ikebukuro, Toshima-ku, Tokyo									
Bellsystem24 Health Insurance Association President				phone		03 (1111) 1111								
				name		Kenbo Taro (In the case of self-signed, no seal is required)								
To be filled out by the Health Insurance Association								Date of reception						

* When correcting the content, please delete the corrected part with a double line, affix the correction mark, and enter the correct content.

Certificate of points covered by insurance
<for lending high-cost medical expenses>

* Please fill in this certificate for inpatients, outpatients, dispensing, and dentistry within the same month.

Kenbo Taro

Prove that the total number of points covered by insurance and the proportion of the examinee's burden are true as follows.

This certificate is not required if you have a copy of the invoice or receipt statement issued by a medical institution that shows the total number of points covered by insurance.

Medical treatment month	Reiwa 1st year May treatment
Medical treatment period	Reiwa 1st year May 1st - May 31st
Total number of points covered by insurance	200,000 points
examinee's burden ratio	30% • 20%
Insured card symbol-number	99-9999
remarks	

Reiwa 1 year 6 month 1 date

Medical institution name •• General Hospital

location 2-24-1, Chuo-ku, Tokyo

telephone number 00 (0000) 0000

Representative name ••••

Representative name mark

Mark (seal can be omitted.)

If you have any questions, please contact

Bellssystem24 Health Insurance Association TEL.03-3534-6751

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power of attorney

Assignee 4-1-1 Toranomom, Minato-ku, Tokyo Kamiyacho Trust Tower 6th floor
Bellsystem24 Health Insurance Association
Chairman Noriyuki Hayada

I will entrust the above persons to receive the high-cost medical expenses for the relevant medical treatment month related to the high-cost medical expenses.

Reiwa 1 year 6 Month 1 date

Delegated person

address 1-11-111 Ikebukuro, Toshima-ku, Tokyo
family name Kenbo Taro 
(Office name) Bellsystem24, Inc.
(symbol) 99 (number) 9999