

## Reimbursement Claim Form for Optional tests

I took the optional tests for a health examination at a non-contract clinic.

I hereby claim reimbursement of fees incurred. Attached are the checkup results and receipts.

### Applicant (Only subscriber)

Health insurance card Number    Company Name

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Name			
Address			

### Reimbursement Direct Deposit Bank Account

Account No.

Bank		Branch		
Account Name (report to the bank)				

※ Reimbursement will be deposited to the subscriber's bank (savings) account.

※ Bank/branch names may have been changed. Please check them before you enter the information.

### Name of the person undergoes examination

	Subscriber    •    Dependent
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### Optional Test Items

Stomach screening	Date		Amount   ¥
	Clinic		
Breast examination	Date		Amount   ¥
	Clinic		
Gynecological examination Cervical cytology (PAP smear)	Date		Amount   ¥
	Clinic		
Gynecological examination Ultrasound findings or others	Date		Amount   ¥
	Clinic		

※ Please attach the original receipt(s) and the copy of test result.

(including tax)    Total    ¥

Reimbursement amount

¥

※ For KENPO use only

### ※ If the clinic doesn't issue the written result

If you didn't receive the written result but received directly an explanation from the doctor, please describe on a piece of paper the name of the tests and the result by your self, and attach it to the receipt.

Your description about the results will be simple enough as "nothing abnormal detected", "Follow-up required", or "Treatment required".

(You don't need to ask the doctor to prepare the document for you. If you ask him/her to do, you will be charged additionally for a medical certificate fee, documentation fee, or other fees.)