

To ABB Health Insurance Society

Issued on _____
Year / month / Date

Reimbursement Claim Form for Health Retests/Thorough examination Fees

I took a health retests and thorough 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

7	—		
Name			
Address			

Reimbursement Direct Deposit Bank Account

Account number

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.

Result of 1st Health examination

Date		Name of Clinic	
Items which required the further test			

Test items

	Date		Amount	yen
	Clinic			
	Date		Amount	yen
	Clinic			
	Date		Amount	yen
	Clinic			
	Date		Amount	yen
	Clinic			

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

(including tax) Total ¥

Reimbursement amount

¥

※ For KENPO use only

※ It is only the insurant who can claim the cost of the retest or thorough examination.

Health insurance Society will cover only the first health examination for your dependents.

If they need to undergo the retest or thorough examination, receive it by health insurance.

※ 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.)