

Email submissions not accepted.

Health Insurance Insured person
Dependents

Claim for Medical Expenses (Advance Payment, etc.)

Column to be filled out by the insured person (employee)	Insurance Code - Number	—		Name of insured person			
	Global ID						
	Company			Date of birth	年(Y) 月(M) 日(D)		
	Name of injury or illness			Date injury or illness first occurred	年(Y) 月(M) 日(D)		
	Cause of illness or injury			Was it caused by the actions of a third party?	Yes · No ※If yes, please contact AIG Health Insurance Association in advance.		
	Treatment period	From 年(Y) 月(M) 日(D) To 年(Y) 月(M) 日(D)	Days	日(D)	Inpatient or Outpatient	Inpatient · Outpatient	
	Content of treatment			Cost of medical care	円(yen)		
	Reason for claim for payment of medical expenses						
	Medical institution	Name and Doctor's name					
		Address and Telephone number	〒 TEL				
Name(when the target person is a dependent.)	Relationship with the insured ()		Date of birth(when the target person is a dependent.)	年(Y) 月(M) 日(D)			
I claim the benefits in this case as described above. Date 年(Y) 月(M) 日(D)							
In the case of an insured person in employment, the recipient of the Benefit shall be entrusted to the employer. (※)							
〒							
Address of the insured							
Full name of the insured							
To the Chairman of the AIG Health Insurance Association							
(*)The deadline for this application is the 15th of every month. It will be paid together with the next month's salary. (In the case of voluntary and continuously insured persons, transfer to the registered account on the 20th of the following month)							

*Please fill out this claim form and submit it with the following documents.

Acceptance stamp

Attached documents

[If you receive medical treatment at your own expense.]

- ① Medical cost and treatment details(診療報酬明細書) issued by medical institutions, etc. (original)
In the case of a pharmacy, the dispensing cost and prescription details(調剤報酬明細書).
- ② Receipts (original)

[If you have received a medical treatment with National Health Insurance or your previous health insurance.]

- ① Medical cost and treatment details(診療報酬明細書) issued by National Health Insurance or your previous health insurance. (original)
- ② Receipts issued by National Health Insurance or your previous health insurance. (original)

※Medical cost and treatment details(診療報酬明細書)/Dispensing cost and prescription details(調剤報酬明細書) must be submitted unopened.

Notice

Please prepare one copy for each patient by month of medical examination, by outpatient and inpatient, and by medical institution and pharmacy.

Submission destination

Please submit to the Human Resource Partners (Labor & Social Security Attorneys Office)

Address: 19th floor, IMP Building, 1-3-7 Shiromi, Chuo-ku, Osaka-shi, 540-6319 Japan

Team for AIG , Human Resource Partners (Labor & Social Security Attorneys Office)

*If you are a voluntary and continuously insured persons, please send the claim form directly to AIG Health Insurance Association.

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