

Email submissions not accepted.

Health Insurance Insured person
Dependents

Claim for Overseas Medical Care Expenses

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			
	Treatment period	From	年(Y)	月(M)	日(D)	Days	Inpatient or Outpatient	Inpatient · Outpatient
		To	年(Y)	月(M)	日(D)			
	Content of treatment			Cost of medical care				
	Period of travel	年(Y) 月(M) 日(D) ~ 年(Y) 月(M) 日(D)						
	Country of Travel							
	Name of currency (US\$, etc.)							
	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)	
<p>I claim the benefits in this case as described above. Date 年(Y) 月(M) 日(D)</p> <p>In the case of an insured person in employment, the recipient of the Benefit shall be entrusted to the employer. (※)</p> <p>〒</p> <p>Address of the insured</p> <p>Full name of the insured</p> <p>To the Chairman of the AIG Health Insurance Association</p> <p>(*)Benefit is paid through salary.</p> <p>(In the case of voluntary and continuously insured persons, Benefit is paid through the registered account)</p>								

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

• For details, please refer to the attached document "About claim for overseas medical care expenses."

Attached documents

① Medical details statement (original)

Proof must be provided by the medical institution where the treatment was received.

② Itemized receipt(original)

Proof must be provided by the medical institution where the treatment was received.

③ Receipt(original)

④ Japanese translation of ① and ② above (Translator's name, address, and phone number)

⑤ Copies of passports, airline tickets, and other documents from which the fact of travel overseas can be confirmed

⑥ Agreement of Authorization

Acceptance stamp

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.

2025/7

調査に関わる同意書
Agreement of Authorization

・治療開始日 _____年____月____日
・Starting date of medication Year _____Month _____Day _____

・患者

(患者名) _____
(住所) _____
(生年月日) _____年____月____日

・Patient

(Name of patient) _____
(Address) _____
(Date of birth) Year _____Month _____Day _____

AIG 健康保険組合 御中

私(療養を受けた者)、_____ (は、AIG 健康保険組合の職員又は AIG 健康保険組合が委託した事業者が、海外療養費申請書類にある事実(療養行為を行った日時、場所、療養内容)を確認する為、申請書類の提供等によって、療養行為を行った者に照会を行い、当該者から照会に対する情報の提供を受けることに同意します。

(氏名 自署) _____
(日付) _____年____月____日_____

To: AIG Health Insurance Association

I(patient who has received treatment)authorize AIG Health Insurance Association or its staff, and its subcontractors to refer and obtain any and all factual information related to an overseas medical treatment benefit claim(s) filed or to be filed including date of the treatment, place, and any treatment records and information from the medical organization in order to verify by submitting the related application forms.

(Signature) _____
(Date) Year _____Month _____Day _____

About claim for overseas medical care expenses

Expenses for insured persons and their dependants who are covered by the health insurance who receive medical treatment at overseas medical institutions due to injury or illness while living abroad or traveling will be reimbursed at a later date upon request.

However, because the scope of medical treatment covered by insurance differs between Japan and overseas, the amount actually reimbursed does not cover all of the expenses paid.

Medical treatment, medical treatment, and medical materials that are not covered by health insurance in Japan are not eligible for the payment. In addition, medical expenses for overseas travel for treatment purposes are not eligible.

Based on the "medical details statement" and "itemized receipt" issued by overseas hospitals, reimbursement is provided for the portion of the medical treatment covered by the insurance in Japan.

It is necessary to calculate the amount of payment. Be sure to obtain the "medical details statement" and the "itemized receipt."

※Japan's insurance coverage is much cheaper than that of other countries, and the amount of dental treatment covered in Japan is also very narrow, and the amount of reimbursement is likely to be quite small.

For example, if dental treatment abroad costs 50,000 yen, it might only cost 5,000 yen in Japan. In that case, you will only be able to receive insurance benefits of 70% of 5,000 yen. (In the case of a 30% payment)

●Please submit the following documents to your health insurance association

1.[Documents to be Submitted to Health Insurance Association]

- (1) 「 Claim for Overseas Medical Care Expenses 」
 - (2) 「 Agreement of Authorization 」
 - (3) 「 Medical details statement 」 Proof must be provided by the medical institution where the treatment was received.
 - (4) 「 Itemized receipt 」 Proof must be provided by the medical institution where the treatment was received.
 - (5) 「 Receipts (original) 」 ※ If you have a separate prescription, please also submit the receipt issued by the pharmacy.
 - (6) 「 Japanese translation (Medical details statement/ itemized receipt.) 」 The translator's address, name, and phone number must be included.
 - (7) 「 Copies of passports, airline tickets, and other documents from which the fact of travel overseas can be confirmed 」
- ※It must be submitted for each patient, each medical institution (medical or dental), and each inpatient or outpatient department. If the treatment lasts for more than two months, one set must be submitted for each month.
- ※If you have purchased medicines based on a doctor's prescription, please also claim the drug costs.

2.[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.

3.[Method of Payment and Notice]

- Benefit is paid through salary.

(In the case of voluntary and continuously insured persons, Benefit is paid through the registered account)

- For retirees, the documents will be sent by mail.

※The payroll statement is written under the name "健保給付金".

4.[Application deadline]

The application deadline is two years or less from the day following the date of payment of medical expenses to the medical institution. Once the application deadline has passed, you will no longer have the right to claim.

5.[Other]

*The conversion rate used to calculate the payment amount shall be based on the conversion rate as of the date of the payment decision.

6.[Inquiry] AIG Health Insurance Association Mail: aigkenpo@aig.co.jp

Request to Attending Physician

ご担当医へのお願い

1. Please fill in this form so that the patient may claim the social insurance benefit.
この様式は患者の社会保険の給付の申請に必要ですので、証明をお願いします。
2. This form should be completed and signed by the attending physician.
この様式には担当医が記入のうえ、署名をして下さい。
3. One form for each month and one form for hospitalization/outpatient (home visit) should be filled out.
各月毎、入院・入院外毎につき、この様式1枚が必要です。

Form A

様式 A

Attending Physician's Statement

診療内容明細書

1. Name of Patient (Last, First) Age (Date of Birth) Sex (Male • Female)
患者名 年齢（生年月日） 性別（男・女）

2. Name of Illness or Injury preferably with Number of International Classification of Diseases for the use of Social Insurance (See the sheets of Table of International Classification of Diseases for the use of Social Insurance) 傷病名及び健康保険用国際疾病分類番号

_____ (No. _____)
3. Date of First Diagnosis : D / M / Y 4. Duration of Treatment : _____ days
初診日 日/月/年 診療日数 日
5. Type of Treatment
治療の分類
☐ Hospitalization: From _____, to _____ (_____ days)
入院 自 至 日間
☐ Out patient or Home Visit : _____
入院外 _____

6. Nature and Condition of Illness or Injury (in brief)
症状の概要

7. Prescription, Operation and Any other treatments (in brief)
処方、手術その他の処置の概要

8. Was the treatment required as a result of an accidental injury ? Yes ☐ No ☐
治療は事故の傷害によるものですか。 はい いいえ
9. Itemized Amounts paid to Hospital and / or Attending Physician : Form B
治療実費 様式 B
10. Name and Address of Attending Physician
担当医の名前及び住所
Name 名前 : Last 姓 First 名 Title 称号

Address 住所 : Home 自宅 phone 電話

Office 病院又は診療所 _____ phone 電話

Date 日付: _____ Signature 署名 _____

Attending Physician 担当医
Reference Number of your Medical Record (if applicable)
診療録の番号

Request to Attending Physician or Superintendent of Hospital / Clinic

ご担当医又は病院事務長へのお願い

1. Please fill in this form so that the patient may claim the social insurance benefit.
この様式は患者の社会保険の給付の申請に必要ですので、証明をお願いします。
2. This form should be completed and signed by either the attending physician or the superintendent of hospital/clinic. この様式は担当医又は病院事務長が書き、かつ署名して下さい。
3. One form for each month and one form for hospitalization/outpatient (home visit) should be filled out.
各月毎、入院・入院外毎に付この様式1枚が必要です。
4. If not in dollars, please specify the unit used. ドル以外の貨幣の場合はその旨を書いて下さい。

Form B

様式 B

Itemized receipt 領収明細書

- | | | |
|------------------------------------|--------|----------|
| (1) Fee for initial office visit | 初診料 | \$ _____ |
| (2) Fee for follow-up office visit | 再診料 | \$ _____ |
| (3) Fee for home visit | 往診料 | \$ _____ |
| (4) Fee for hospital visit | 入院管理料 | \$ _____ |
| (5) Hospitalization | 入院費 | \$ _____ |
| (6) Consultation | 診察費 | \$ _____ |
| (7) Operation | 手術費 | \$ _____ |
| (8) Professional Nursing | 職業看護師費 | \$ _____ |
| (9) X-ray examination | X線検査費 | \$ _____ |
| (10) Laboratory Tests* 諸検査費 | | |

* Please fill in the content of the Laboratory Tests. *諸検査の内容を記入してください。

_____ \$ _____
_____ \$ _____

- (11) Medication** 医薬費

** Please fill in the name and the amount of the prescription of an individual medicine.

**処方した個々の薬の名称と量を記入してください。

_____ \$ _____
_____ \$ _____
_____ \$ _____

- | | | |
|----------------------------|-----------|----------|
| (12) Surgical Dressing | 包帯費 | \$ _____ |
| (13) Anesthetics | 麻酔費 | \$ _____ |
| (14) Operating room charge | 手術室費用 | \$ _____ |
| (15) Others (specify) | その他(項目明記) | |

_____ \$ _____
_____ \$ _____
_____ \$ _____

- (16) Total 合計 \$ _____ Unit is _____ 通貨単位

Important : Exclude the amount irrelevant to the treatment, i.e, extra charge for a bed.

注 意 : 高級室料等治療に直接関係ないものは除いて下さい。

Name and Address of Attending Physician/Superintendent of Hospital or Clinic 担当医又は病院事務長の名前及び住所

Name 名前 Lasts 姓 _____ First 名 _____ Title 称号 _____

Address 住所 Home 自宅 _____ Phone 電話 _____

Office 病院又は診療所 _____ Phone 電話 _____

Date 日付 _____ Signature 署名 _____

日本文訳

「診療内容明細書（医科用）」について、英文で記載された以下の該当項目を日本文に訳してください。

2. 傷病名及び健康保険用国際疾病分類番号

6. 症状の概要

7. 処方、手術その他の処置の概要

翻訳者

氏名_____

住所_____

電話_____

日本文訳

「領収明細書（医科用）」について、英文で記載された以下の該当項目を日本文に訳してください。

(10) 諸検査費の内訳(諸検査の内容)

(11) 医薬費の内訳(薬の名称、量)

(15) 特記事項

翻訳者

氏名_____

住所_____

電話_____

Table of International Classification of Diseases for the use of Social Insurance
健康保険用国際疾病分類表

A I G 健康保険組合

※「診療内容明細書」「歯科診療内容明細書」作成の際、参考資料となりますので、医師に提示してください。

No. 病類番号	Diseases	病 名
I	Certain infectious and parasitic diseases	感染症及び寄生虫症
0101	Intestinal infectious diseases	腸管感染症
0102	Tuberculosis	結核
0103	Infections with a predominantly sexual mode of transmission	主として性的伝播様式をとる感染症
0104	Viral infections characterized by skin and mucous membrane lesions	皮膚および粘膜の病変を伴うウィルス疾患
0105	Viral hepatitis	ウィルス肝炎
0106	Other viral diseases	その他のウィルス疾患
0107	Mycoses	真菌症
0108	Sequelae of infectious and parasitic diseases	感染症及び寄生虫症の続発・後遺症
0109	Other infectious and parasitic diseases	その他の感染症及び寄生虫症
II	Neoplasms	新生物
0201	Malignant neoplasm of stomach	胃の悪性新生物
0202	Malignant neoplasm of colon	結腸の悪性新生物
0203	Malignant neoplasm of rectosigmoid junction and rectum	直腸 S 状結腸移行部及び直腸の悪性新生物
0204	Malignant neoplasm of liver and intrahepatic bile ducts	肝及び肝内胆管の悪性新生物
0205	Malignant neoplasm of trachea, bronchus and lung	気管・気管支及び肺の悪性新生物
0206	Malignant neoplasm of breast	乳房の悪性新生物
0207	Malignant neoplasm of uterus	子宮の悪性新生物
0208	Malignant Lymphoma	悪性リンパ腫
0209	Leukaemia	白血病
0210	Other Malignant neoplasms	その他の悪性新生物
0211	Other benign neoplasms and other neoplasms	良性新生物及びその他の新生物
III	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	血液及び造血器の疾患並びに免疫機構の障害
0301	Anaemias	貧血
0302	Other diseases of blood and blood-forming organs and certain disorders of the immune mechanism	その他の血液及び造血器の疾患並びに免疫機構の障害
IV	Endocrine, nutritional and metabolic diseases	内分泌、栄養及び代謝疾患
0401	Disorders of thyroid gland	甲状腺障害
0402	Diabetes mellitus	糖尿病
0403	Other diseases of endocrine, nutrition and metabolism	その他の内分泌・栄養及び代謝疾患
V	Mental and behavioural disorders	精神及び行動の障害
0501	Vascular dementia and Unspecified dementia	血管性及び詳細不明の痴呆
0502	Mental and behavioural disorders due to psychoactive substance use	精神作用物質使用による精神及び行動の障害
0503	Schizophrenia, schizotypal and delusional disorders	統合失調症、統合失調症型障害及び妄想性障害
0504	Mood [affective] disorders	気分〔感情〕障害（躁うつ病を含む）
0505	Neurotic, stress-related and somatoform disorders	神経性障害・ストレス関連障害及び身体表現性障害
0506	Mental retardation	知的障害（精神遅滞）
0507	Other psychoses and disorders of action	その他の精神及び行動の障害
VI	Diseases of the nervous system	神経系の疾患
0601	Parkinson's disease	パーキンソン病
0602	Alzheimer's disease	アルツハイマー病
0603	Epilepsy	てんかん
0604	Cerebral palsy and other paralytic syndromes	脳性麻痺及びその他の麻痺性症候群
0605	Disorders of autonomic nervous system	自律神経系の障害
0606	Others	その他の神経系の疾患

No. 病類番号	Diseases	病 名
VII	Diseases of the eye and adnexa	眼及び付属器の疾患
0701	Conjunctivitis	結膜炎
0702	Cataract	白内障
0703	Disorders of refraction and accommodation	屈折及び調節の障害
0704	Other diseases of the eye and adnexa	その他の眼及び付属器の疾患
VIII	Diseases of the ear and mastoid process	耳及び乳様突起の疾患
0801	Otitis externa	外耳炎
0802	Other disorders of external ear	その他の外耳疾患
0803	Otitis media	中耳炎
0804	Other diseases of middle ear and mastoid	その他の中耳及び乳様突起の疾患
0805	Disorders of vestibular function	メニエール病
0806	Other diseases of inner ear	その他の内耳疾患
0807	Other disorders of ear	その他の耳疾患
IX	Diseases of the circulatory system	循環器系の疾患
0901	Hypertensive diseases	高血圧性の疾患
0902	Ischaemic heart diseases	虚血性心疾患
0903	Other forms of heart disease	その他の心疾患
0904	Subarachnoid hemorrhage	くも膜下出血
0905	Intracerebral hemorrhage	脳内出血
0906	Occlusion of precerebral and Cerebral arteries	脳梗塞
0907	Cerebral arteriosclerosis	脳動脈硬化（症）
0908	Other cerebrovascular diseases	その他の脳血管疾患
0909	Atherosclerosis	動脈硬化（症）
0910	Haemorrhoids	痔核
0911	Hypotension	低血圧症
0912	Other disorders of circulatory system	その他の循環器系の疾患
X	Diseases of the respiratory system	呼吸器系の疾患
1001	Acute nasopharyngitis (common cold)	急性鼻咽頭炎〔かぜ〕（感冒）
1002	Acute pharyngitis and tonsillitis	急性鼻咽頭炎及び急性扁桃腺炎
1003	Other acute upper respiratory infections	その他の急性上気道感染症
1004	Pneumonia	肺炎
1005	Acute bronchitis and bronchiolitis	急性気管支炎及び急性細気管支炎
1006	Vasomotor and allergic rhinitis	アレルギー性鼻炎
1007	Chronic sinusitis	慢性副鼻腔炎
1008	Bronchitis, not specified as acute or chronic	急性又は慢性と明示されない気管支炎
1009	Chronic obstructive pulmonary diseases	慢性閉塞性肺疾患
1010	Asthma	喘息
1011	Other diseases of respiratory system	その他の呼吸器系の疾患
XI	Diseases of the digestive system	消化器系の疾患
1101	Dental caries	う蝕
1102	Gingivitis and periodontal diseases	歯肉炎及び歯周疾患
1103	Other disorders of teeth and supporting structures	その他の歯及び歯の支持組織の障害
1104	Gastric and duodenal ulcer	胃潰瘍及び十二指腸潰瘍
1105	Gastritis and duodenitis	胃炎及び十二指腸炎
1106	Alcoholic liver disease	アルコール性肝疾患
1107	Chronic hepatitis, not elsewhere classified	慢性肝炎（アルコール性のものを除く）
1108	Liver cirrhosis	肝硬変（アルコール性のものを除く）
1109	Other disorders of liver	その他の肝疾患
1110	Cholelithiasis and cholecystitis	胆石症及び胆のう炎
1111	Diseases of pancreas	膵疾患
1112	Other diseases of digestive system	その他の消化器系の疾患
XII	Diseases of the skin and subcutaneous tissue	皮膚及び皮下組織の疾患
1201	Infections of the skin and subcutaneous tissue	皮膚及び皮下組織の感染症
1202	Dermatitis and eczema	皮膚炎及び湿疹
1203	Others	その他の皮膚及び皮下組織の疾患

No. 病類番号	Diseases	病 名
X III	Diseases of the musculoskeletal system and connective tissue	筋骨格系の結合組織の疾患
1301	Inflammatory polyarthropathies	炎症性多発性関節障害
1302	Arthrosis	関節症
1303	Spondylopathies	脊椎障害（脊椎症を含む）
1304	Intervertebral disc disorders	椎間板障害
1305	Cervicobrachial syndrome	頸腕症候群
1306	Low back pain and sciatica	腰痛症及び坐骨神経痛
1307	Other dorsopathies	その他の脊柱障害
1308	Shoulder lesions	肩の障害（損傷）
1309	Disorders of bone density and structure	骨の密度及び構造の障害
1310	Other diseases of skeletal muscles and connective tissues	その他の筋骨格系及び結合組織の疾患
X IV	Diseases of the genitourinary system	腎尿路性器系の疾患
1401	Glomerular diseases	糸球体疾患及び腎尿細管間質性疾患
1402	Renal failure	腎不全
1403	Urolithiasis	尿路結石症
1404	Other diseases of urinary system	その他の尿路系の疾患
1405	Hyperplasia of prostate	前立腺肥大（症）
1406	Other diseases of male genital organs	その他の男性生殖器の疾患
1407	Menopausal and postmenopausal disorders	月経障害及び閉経周辺期障害
1408	Other disorders of breast and female genital organs	乳房及びその他の女性生殖器の疾患
X V	Pregnancy, childbirth and the puerperium	妊娠、分娩及び産じょく
1501	Pregnancy with abortive outcome	流産
1502	Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	妊娠高血圧症候群
※1503	Single spontaneous delivery Important: This is not covered by the social Insurance.	単胎自然分娩 ※健康保険は適用されません。
1504	Others	その他の妊娠・分娩及び産じょく
X VI	Certain conditions originating in the perinatal period	周産期に発生した病態
1601	Disorders related to pregnancy and fetal growth	妊娠及び胎児発育に関連する障害
1602	Others	その他の周産期に発生した病態
X VII	Congenital malformations, deformations and chromosomal abnormalities	先天奇形、変形及び染色体異常
1701	Congenital anomalies of heart	心臓の先天奇形
1702	Others	その他の先天奇形・変形及び染色体異常
X VIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	症状、徴候及び異常臨床所見・異常検査所見で他に分類されないもの
1800	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	症状、徴候及び異常臨床所見・異常検査所見で他に分類されないもの
X IX	Injury, poisoning and certain other consequences of external causes	損傷、中毒及びその他の外因の影響
1901	Fracture	骨折
1902	Intracranial damage and internal organ damage	頭蓋内損傷及び内臓の損傷
1903	Burns and corrosions	熱傷及び腐食
1904	Poisoning	中毒
1905	Others	その他の損傷及びその他の外因の影響