

Claim for Medical Expenses (令和6年10月分) (For acupuncture and moxibustion)

Example of entry

Column to be filled out by the insured person (employee)	Insurance Code - Number	Global ID	Date injury or illness first occurred	Cause of illness or injury	
	1 — 12345	1234567	令和4年(Y) 2月(M) 3日(D)	頸腕症候群、原因不明、慢性的に強い痛みが続いている	
	Name of person who received the medical treatment	(Furigana) コウセイ ハルオ	Relationship with the insured	Was the need for medical care caused by to work or a third party?	
		厚生 春雄	Male Female	1. Work-related accidents ※If 1 or 2, please contact AIG Health Insurance Association in advance.	2. Third party 3. Other
平成年(Y) ΔΔ月(M) □□日(D)		The place where the medical treatment was performed			

Treatment details column	初療年月日		施術期間		実日数	請求区分											
	年 月 日		自 年 月 日 至 年 月 日		日	新規・継続											
	傷病名		1. 神経痛 2. リウマチ 3. 頸腕症候群 4. 五十肩		転 帰												
	5. 腰痛症 6. 頸椎捻挫後遺症 7. その他 ()				継続・治癒・中止・転医												
	初検料 1 はり 2 きゅう 3 はりきゅう併用				円	摘 要											
	施 術 料	はり・きゅう	施術の種類	1 術 回	2 術 回												
		通所	円x	回=	円												
		訪問施術料 1	円x	回=	円												
		訪問施術料 2	円x	回=	円												
		訪問施術料 3 (3人~9人)	円x	回=	円												
		訪問施術料 3 (10人以上)	円x	回=	円												
	電療料 (加算/ 1 電気針 2 電気温灸器 3 電気光線器具)		円x	回=	円												
	特別地域 (加算)		円x	回=	円												
	往 療 料		円x	回=	円												
	施術報告書交付料 (前回支給: 年 月分)		円x	回=	円												
費 用 額 計				円													
施術日 訪問 1 ①		1	2	3	4	5	6	7	23	24	25	26	27	28	29	30	31
通所 ② 訪問 2 ②																	
往療 ③ 訪問 3 ③																	
往療又は訪問の理由 1. 独歩による公共交通機関を使つての外出困難																	

Treatment certificate column	上記のとおり施術を行い、その費用を領収しま		はり師 住 所	
	年 月 日		きゅう師 氏 名	
	免許登録番号		電話	

Application column	I claim the benefits in this case as described above.				
	In the case of an insured person in employment, the recipient of the Benefit shall be entrusted to the employer. (※)				
	令和6年(Y) 11月(M) 1日(D)		〒000-0000 東京都墨田区錦糸〇-△-□		
	To the Chairman of the AIG Health Insurance Association		Address of the insured		
		Full name of the insured		厚生 春雄	
		Daytime contact		03-0000-0000	
		(*)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)			

Consent record	同意医師の氏名	住 所	同意年月日	傷 病 名	要加療期間
			月 日		

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

Acceptance stamp

- (1) Receipt with details of treatment (original) ※Cash register receipts will not be accepted.
- (2) At the time of the initial application and every 6 months if treatment is continued Doctor's consent form (original)
* Re-consent cannot be obtained verbally.
- (3) If you have been provided with a treatment report by the practitioner, a copy of it.
- (4) If more than one year has passed since the date of first medical care and the number of treatments is 16 or more in a month, please fill out the "Reason for continuing treatment/condition entry form"

【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.

1.) Filled out by the insured
① Column to be filled out by the insured person (employee)
② Application column
2.) Filled out by practitioner
① Treatment details column ② Treatment certificate column
③ Consent record