



# Stomach cancer screening Subsidy Bill

※Voluntarily continued insured persons are requested to apply using "Health Service / Expense Application".

**【Applicant (Insured Person)】**

Date: (M) 5 (D) 15 , (Y) 2024

Insurance Card	Symbol	9999	Insured Person's Name	Kenpo Taro
	No.	99999		
Site Name (Company Name)	XXXXXX			Contact Phone No.
	Unit Name	XX - XX / XXXX	XX-XXXX-XXXX	

**【Exam Status】** Once a year for each item (※The different exam method is also regarded as one item.)

Exam Item	Date of Exam	Name of Medical Institution	Expense
Gastric endoscopy	(M) 4 (D) 15, (Y) 2024	○○○ 病院	15,000 Yen
stomach x-ray	(M) 4 (D) 30, (Y) 2024	△△△ 医院	Yen

**【Conditions for Payment of Subsidy】**

<b>Total Amount</b>	15,000 Yen Yen
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- Object person: Insured person of Bosch Health Insurance Society (35 years or older)
- Object period: Every year from April 1 to March 31, next year
- Number of applications: Up to once a year (Gastric endoscopy or stomach x-ray)
- Subsidy upper limits: Gastric endoscopy ¥18,000, and stomach x-ray ¥14,000
- Application method: The subsidy bill + an original receipt are requested to be presented to this Health Insurance Society. (The document cannot be returned.)
- Receipt entry items: Name of the examinee, date of examination, name of medical institution (seal), unit price per each examination, clear definition that the cost is for stomach cancer screening (Gastric endoscopy or stomach x-ray)  
Note) We accept the receipt, even if it is of a receipt type slip, as long as above-mentioned essential entry items are described and together with the receipt seal of the medical institution. (All the descriptions shall be filled at the medical institution.)
- Cases where you are not eligible for payment:
  - When the health insurance card was used
  - When you received a conducted stomach cancer screening at each business site
- Limited to the examination conducted by a medical institution in Japan.

Bosch Health Insurance Society's Entry Field (Please don't fill in here.)	
Exam Item	Amount of Allowance
<b>Determined Total Amount of Allowance</b>	Yen

**【Where to send application】** Bosch Health Insurance Society (Hig-RBHI), Healthcare Promotion Section, Person in Charge of Subsidy

**【Recommended sending method】** ※Since an application document is equal to a security, the following sending method is recommended for prevention of losing it and for clarification of the responsible party.

- ① Sending by general mail: Please send it by registered mail or simple registered mail.**(Bosch Health Insurance Society, 2-5-5 Yakyucho, Higashimatsuyama City, 355-0028)
- ② When "Internal Registered Mail Application" of Bosch internal mail can be used,** please send it upon writing the internal registered mail application with putting a ✓ mark in the item of requesting "The receipt certificate". (When "Internal Registered Mail Application" cannot be used, please send it making use of the above-mentioned method ①.)

The information which you filled is collected for the purpose of our society to operate our service accurately and fairly according to Health Insurance Act and other related notices of authorities. We don't use the personal information for other purposes than this purpose, nor provide it to the third parties. In the meanwhile, there may an opportunity that we ask you for further details about the information which you filled and for the additional evidencing documents, if necessary. For further question on the handling of the personal information or if you have a request for information disclosure and so on, please contact Bosch Health Insurance Society General Affairs Section (Phone 0493-22-0890). ※ As for the handling of personal information, please also see the home page, "Personal Information Protection Policy". Revised on Apr, 2024