



Messrs. Bosch Health Insurance Society,

Brain Dock (Medical Exam of Brain) Subsidy Bill

**【Applicant
(Insured Person)】**

Date: (M) (D) , (Y)

Insurance Card	Symbol		Insured Person's Name	
	No.			
Site Name (Company Name)				Contact Phone No.
Unit Name	— /			

【Examination Status】

Date of Examination	Name of Medical Institution	Expense
(M) (D) , (Y)		Yes

【Conditions for Payment of Subsidy】

- Object person: Insured person of Bosch Health Insurance Society (35 years or older)
- Object period: Every year from April 1 to March 31 of the following year
- Number of applications: Up to once a year
- Subsidy amount: See the Bosch Health Insurance Society website.
- Application method: The subsidy bill + an original receipt + a copy of medical examination result are requested to be presented to this Health Insurance Society. (The document cannot be returned.)
- Receipt entry items: Name of examinee, date of examination, name of medical institution (seal), unit price, and clear definition that the concerned cost is "the cost of brain dock examination".
※An applicable case is when examined by MRI or MRA. CT examination alone is not applicable.
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 institutions.)
- Cases where you are not eligible for payment:
 - When the health insurance card was used
- Limited to the examination conducted by a medical institution in Japan.

※Please don't fill in here. Bosch Health Insurance Society's Entry Field	
Amount you need to pay yourself	Yes
Determined Amount of Allowance	Yes

【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.

- Sending by general mail:**(Bosch Health Insurance Society, 2-5-5 Yakyucho, Higashimatsuyama City, 355-0028)
Please send it by registered mail or simple registered mail.
- 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