

Health Service Expense Bill



【Applicant (Insured Person)】

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

Insurance Card	Symbol		Insured Person's Name	
	No.			
Site Name (Company Name)				Contact Phone No.
Present Address				

Please put a circle mark "○" on the number of an applicable item and fill in the information regarding the Examination Status.

☆ Please be sure to attach herewith the receipt issued by the medical institution which evidences your payment.

【Billing Item】(for a voluntarily continued insured persons)

1	An influenza vaccination	2	Gynecological examination	3	Other() examination
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【Examination Status】

Vaccinated Person's Name	Relationship	Date of Vaccination	Name of Medical Institution	Expense
		(M) (D) ,(Y)		Yen
		(M) (D) ,(Y)		Yen
		(M) (D) ,(Y)		Yen
Total Amount				Yen

Bosch Health Insurance Society's Entry Field (Please don't fill in here.)	
Determined Amount of Allowance	円

Please fill this column when you assign receiving of the billed amount. (M) (D) , (Y)

※Please fill this column either in case the bank account to which the billed amount will be transferred is different from that of the applicant (the insured person) or in case the site etc of your Company paid for you.

Name of Applicant:
(Insured Person)

Name of Agent
(Name of the account to which the billed amount is paid)

I hereby assign receiving of the billed amount to: _____

The bank account number to which the allowance (contribution amount) determined by Bosch Health Insurance Society is transferred (Please be sure to fill it.)

Banking Institution /Bank code	Branch Name /Branch code	Bank/	Branch/
Deposit Item / Account No.		Ordinary Account / Current Account	Account No.
Furigana			
Account Holder's Name			

The information which you filled is for collected 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 is an opportunity that we may 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".