

Health Service Expense Bill



【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)	○△□ 株式会社			Contact Phone No.
	Present Address			

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

☆ 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)
---	--------------------------	---	---------------------------	---	-----------------------

【Examination Status】

Vaccinated Person's Name	Relationship	Date of Vaccination	Name of Medical Institution	Expense
Kenpo Taro		yyyy/mm/dd	○○○ 総合病院	4,000 円
				円
				円

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)

I hereby assign receiving of the billed amount to:

Name of Agent

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

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/	Higashimatsuyama Branch/
Deposit Item / Account No.	Ordinary Account / Current Account		Account No. 1234567
Furigana			
Account Holder's Name		ケンポ タロウ	

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".

Revised on April, 2024