

Request to Attending Physician (担当医へのお願い)

1. Please fill in form so that the pregnant woman may claim the health checkups for pregnant women's benefit. (この様式は妊婦健康診査費用支給の申請に必要ですので、証明をお願いします。)
2. This form should be completed and signed by the doctor. (この様式は担当医が書き、署名してください。)

Health check-up for pregnant woman Itemized receipt (妊婦健診領収証明書)

The boxed section should be completed by the applicant (pregnant woman).

(この太枠内の項目は、申請者(妊婦)が記入してください。)

Name of pregnant woman (妊婦氏名)	_____		
Date of Birth (Year/Month/Day) (生年月日)	_____	Age (年齢)	_____
Date of Examination (診察日)	_____		
Fee for the routine health check-up for pregnant woman (妊婦健診費用)	_____		
	(Example ;	50.00USD)	
Today's exchange rate (健診日当日の為替)	1	=	_____
	(Example ;	1USD=100JPY)	
	日本円		JPY

Important : Please carefully read the followings and check where applicable.

重要 以下の項目をよくお読みになって、該当していればチェックをしてください。

- The fee paid was for routine health check-up of a pregnant woman and the growth of fetus, including physical examination, blood test, blood pressure measurement and urine test.
(費用は、妊婦の健康状態と胎児の発育を見るための定期的妊婦健診にかかるもので、血液検査、血圧測定、尿検査などを含んだものです。)
- In addition to above, the fee does not include charges not directly related to pregnancy related issues.
(費用は、妊娠健診に直接関係しないものを含んでいません。)
- In addition to above, the fee does not include charges for the treatment of complications and diseases, such as anemia, hypertension of pregnancy and pregnancy diabetes.
(費用は、貧血、妊娠の高血圧症および妊娠糖尿病のような、合併症および疾病の治療の代金を含んでいません。)
- The fee is not covered by health insurance or any other services in this country.
(費用は、この国の健康保険やそのほかのサービスを受けていません。)

Comment in particular or any other information (特記事項があればお書きください。)

Name and Address of attending Physician (OB/GYN) of Hospital or Clinic

Name:

Address:

Date:

Signature:

Please attach the receipt issued by hospital here. (医療機関等発行の領収書を貼付してください)