

患者氏名 :

患者ID :

English/英語

Medical Expenses Receipt /医療費領収書

Date of issue (YYYY/MM/DD)/発行年月日: Year/年 Month/月 Day/日

Hospital name/病院名 :

Outpatient/外来 Inpatient/入院

Medical consultation fee/受診料 :

Second opinion/セカンドオピニオン

Primary Insurance/保険種類 :

Percentage ratio of patients' copayment/自己負担割合(%)

Applicable billing period /請求対象期間 (From

Year/年

Month/月

Day/日 to

Year/年

Month/月

Day/日)

Patient ID No/患者番号 :

Patient name/患者氏名 :

| | First/subsequent visit fees /初・再診料 | Admission charges, etc. /入院料等 | Diagnostic procedure combination (DPC) /DPC | Medical supervision charges, etc. /医学管理料等 | Home medical care /在宅医療 |
|--------------------------------|---------------------------------------|----------------------------------|---|--|------------------------------|
| Insurance points /保険点数(点) | points/点 | points/点 | points/点 | points/点 | points/点 |
| Patient copayment /自己負担額 | ¥/円 | ¥/円 | ¥/円 | ¥/円 | ¥/円 |
| | Examinations /検査料 | Diagnostic imaging /画像診断 | Medications /投薬料 | Injections /注射料 | Rehabilitation /リハビリテーション |
| Insurance points /保険点数(点) | points/点 | points/点 | points/点 | points/点 | points/点 |
| Patient copayment /自己負担額 | ¥/円 | ¥/円 | ¥/円 | ¥/円 | ¥/円 |

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| | Specialized psychiatric treatment /精神科専門療法 | Medical treatment /処置料 | Surgery /手術料 | Blood transfusion /輸血料 | Anesthesia /麻酔料 |
|---------------------------|---|-------------------------------------|---|--------------------------------|------------------------|
| Insurance points /保険点数(点) | points/点 | points/点 | points/点 | points/点 | points/点 |
| Patient copayment /自己負担額 | ¥/円 | ¥/円 | ¥/円 | ¥/円 | ¥/円 |
| | Radiation therapy /放射線治療 | Pathological diagnosis /病理診断 | Dental crown restoration/Prosthodontics /歯冠修復・欠損補綴 | Prescription fee /処方せん料 | SUBTOTAL /小計 |
| Insurance points /保険点数(点) | points/点 | points/点 | points/点 | points/点 | points/点 |
| Patient copayment /自己負担額 | ¥/円 | ¥/円 | ¥/円 | ¥/円 | ¥/円 |

| | Dietary therapy /食事療養費 | Documentation fee /文書料 | Obstetric labor fee /分娩料 | Extra room charges /特別室料 | Special or specified medical care coverage /保険外併用療養費 |
|--------------------------|-------------------------------|-------------------------------|---------------------------------|---------------------------------|---|
| Patient copayment /自己負担額 | ¥/円 | ¥/円 | ¥/円 | ¥/円 | ¥/円 |
| | Others /その他 | | | | SUBTOTAL /小計 |
| Patient copayment /自己負担額 | ¥/円 | | | | ¥/円 |

Comments/備考 :

本資料は、医師や法律の専門家等の監修をうけて作成されておりますが、日本と外国の言葉や制度等の違いにより解釈の違いが生じた際には、日本語を優先とします。

This English translation has been prepared under the supervision of doctors, legal experts or others. When any difference in interpretation arises because of a nuanced difference in related languages or systems, the Japanese original shall be given priority.

| Sales tax /消費税 | | TOTAL RECEIVED /領収金額 |
|-----------------------------------|-----------------------------------|-----------------------------|
| Subtotal of taxable items /消費税対象額 | Subtotal of taxable items /消費税対象額 | |
| ¥/円 | ¥/円 | ¥/円 |