

The Waseda University Student Health Promotion Mutual Aid Association

Application for Healthcare Benefit

2019.4 Revision

Notes for members

- Enter the total expense for the month (from the 1st to the end of the month) in entry fields (1) and (2) for each month and submit the form together with receipts (photocopies are acceptable) for expenses that include the following.
 [Required items] Name, date on which medical service was provided, name of medical institution, NHI (National Health Insurance) points, receipt (for out-of-pocket expenses).
 Note: "Tadacopy" or double-sided copies of receipts cannot be accepted.
- The application must be submitted to the office of the Waseda University Student Health Promotion Mutual Aid Association by the 10th of the third month from the month in which medical service was provided. (You will need to show your student ID when you submit the application form.)
 Note: This time period does not include the day on which the medical service is provided. For example, if the medical service was provided in April, you would need to submit the application by July 10 (applications are not accepted whatsoever after the deadline).
- When a service was provided at an orthopedic clinic, acupuncture and moxibustion clinic, or massage clinic, use the separate form titled Medical Expense Receipt Detailed Statement and submit it.

*The information related to medical services provided and the content of the statements are only used for healthcare benefit processing by the Waseda University Student Health Promotion Mutual Aid Association and are not used for any other purposes.

*Healthcare benefits are transferred to the bank account held in your name on MyWaseda. At your own expense, 1000 yen is subtracted from the healthcare benefit per medical institution, NOT per Application for Healthcare Benefit.

Entry field (1)	Affiliation	School of _____	Year in program	Student Number	CD	Katakana		
	Address	Graduate school of _____				Name		
TEL (_____) _____ - _____ Write your direct contact phone number. (You may be contacted in case of insufficient documentation, or for some other reason.)								
The month in which medical service was used				Y	M			
Entry field (2)	Medical institution type	Medical institution name			NHI points	Insurance coverage amount of out-of-pocket expenses	Health insurance claim no.	
	* If you went to the same hospital or pharmacy multiple times, write the name only once.							
	1. Medical (99)	1)				points	yes	
		2)				points	yes	
		3)				points	yes	
	2. Dental (96)	1)				points	yes	
		2)				points	yes	
		3)				points	yes	
	3. Pharmacy (98)	1)				points	yes	
		2)				points	yes	
3)					points	yes		

***Please fill in the information inside the bolded border only.**
 (NHI points and insurance coverage amount of out-of-pocket expenses are entered by the Waseda University Student Health Promotion Mutual Aid Association)

***Use a black or blue ball point pen.**
 (We cannot accept documents written with pencils or erasable pens such as FriXion pens)

Receipt seal	Remarks