

Application for Reimbursement of Medical Fees

2022.4 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: 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). Please make sure to submit one application form for each month of treatment. Even if you visit the same medical institution in the same month, if the application is submitted multiple times, 1000 yen will be deducted each time.

*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 as the "Personal Account".

Entry field (1)	Affiliation	School of _____ Graduate school of _____ _____Year in program	Student Number					CD	Katakana	Name
	Address	TEL (_____) _____ Write your direct contact phone number. (You may be contacted in case of insufficient documentation, or for some other reason.)								
Entry field (2)	The month in which medical service was used		2	0	2	Y		M		
	Medical institution type	Medical institution name <small>* If you went to the same hospital or pharmacy multiple times, write the name only once.</small>				* office use only				
	1. Medical (99)	1)		点		円				
		2)		点		円				
		3)		点		円				
	2. Dental (96)	1)		点		円				
		2)		点		円				
		3)		点		円				
	3. Pharmacy (98)	1)		点		円				
		2)		点		円				
3)			点		円					

***Please fill in the information inside the bolded border only.**
***Use a black or blue ball point pen.**
 (We cannot accept documents written with pencils or erasable pens such as Frixion pens)

WASEDA University Student Health Promotion Mutual Aid Association (早稲田大学学生健康増進互助会)

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Receipt seal	Remarks

*** office use only**