

調査に関わる同意書 (Agreement of Authorization)

恵庭市 御中 (To: City of Eniwa)

私（療養を受けた者）と私の世帯主は、貴市の職員あるいは、貴市が委託した事業者が、海外療養費申請書類にある事実（療養行為を行った日時、場所、療養内容）を確認するため、療養行為を行った者に照会を行い、当該者から照会に対する情報の提供を受けることに同意します。

I (patient who has received treatment) and my head of household authorize the City (Municipality) Office or its staff, and its subcontractors to refer to and obtain any and all factual information related to an overseas medical treatment benefit claim(s) filed or to be filed including date of the treatment, place, and any treatment records and information from the medical organization in order to review its contents.

※なお、国や地域、医療機関から所定の同意書や委任状などを求められた場合、所定の書類に必要事項を記載頂くことがあります。

*You may be asked to fill out form information if countries or regions, or medical institutions require submission of their specially formatted agreement of authorization or letter of proxy.

署名・押印欄 (Signature)

①日付 (Date) _____年 (Year) _____月 (Month) _____日 (Day)

②患者 (Patient) _____ (*署名者と同一の場合は省略可)

(*This is not compulsory to be filled in if the patient is the one who will sign the document)

③氏名 (Signature) _____ 印

④住所 (Address) _____

⑤生年月日 (Date of birth) _____年 (Year) _____月 (Month) _____日 (Day)

⑥患者との関係(Relation to the insured)

: 本人 (Self) ・ 親権者 (Guardian) ・ 法定相続人 (Heir) ・ その他 (Other) [_____]

※署名・押印は、治療を受けた被保険者本人が行って下さい。なお、本人が未成年の場合は親権者、本人が成年被後見人の場合は成年後見人、本人が死亡している場合は法定相続人が署名、押印して下さい。

The insured person who has received treatment shall provide his/her signature. However, a guardian (in the case that the insured person is underage), an adult guardian (in the case that the insured person is an adult ward), or heir (in the case that the insured person is deceased) shall sign provide his/her signature.