

Application Form of Minato City Subsidy Program for Prenatal Health Exams Fees

Addressed to: Mayer of Minato City

I would like to apply for subsidy for Prenatal Health Exams Fees. Please transmit the subsidy to the account given below.

NB: I give my consent to the inspection of any information regarding my Resident Registration and information concerning to my medical institutions that are required for the review of this application.

Date of application: / / (Y/M/D)

| | | | | | | |
|-----------|---------------------------------------|-------------|--------|--|--|---------------------|
| Applicant | Katakana | | | | Date of birth | |
| | Name of expectant or maternity mother | | | | ___/___/___ (Y/M/D) | |
| | Address | Postcode | either | | Date of birth(Expected date,if you move out of Minato City and apply before giving birth.) | ___/___/___ (Y/M/D) |
| | Phone number | Minato City | | | (If you do not give birth)Last checkup day for pregnancy | ___/___/___ (Y/M/D) |

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|---|------------------------------|--------------------------------|---------------------|--|---------------------------------|
| Unused checkup-forms submitted | 1st health exam (light blue) | 2nd-14th health exams (yellow) | Ultrasounds (white) | Prenatal Cervical cancer screening(pink) | Neonatal hearing checkup(white) |
| Please circle the appropriate item(s) and fill in the number of checkup-forms | Number of forms | Number of forms | Number of forms | Number of forms | Number of forms |

| Subsidised amount applied for | Unused Checkup-forms | Date of prenatal Health Exam | Classification (Outside Tokyo O, maternity center: M) | Health Exam fees amounts (A) (Only for fees not covered by insurance) | Subsidised amount (B) Subsidised for FY2020 checkups | Subsidised amount (B) Subsidised for FY2021 checkups | Subsidised amount applied for out of (A) and (B) | Filled in by Public Health Center Accepted sum |
|-------------------------------|---|-------------------------------------|---|--|---|---|--|---|
| | | Prenatal health exam (light blue 1) | ___/___/___ (Y/M/D) | O | Yes | 10,850yen | 10,850yen | Yes |
| | Prenatal health exam (yellow 2) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 3) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 4) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 5) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 6) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 7) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 8) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 9) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 10) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 11) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 12) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 13) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal health exam (yellow 14) | ___/___/___ (Y/M/D) | O / M | Yes | 5,070 yen | 5,070 yen | Yes | Yes |
| | Prenatal ultrasound (white 1) | ___/___/___ (Y/M/D) | O | Yes | 5,300 yen | 5,300 yen | Yes | Yes |
| | Prenatal ultrasound (white 2) | ___/___/___ (Y/M/D) | O | Yes | 5,300 yen | 5,300 yen | Yes | Yes |
| | Prenatal Cervical cancer screening(pink1) | ___/___/___ (Y/M/D) | O | Yes | 3,400yen | 3,400yen | Yes | Yes |
| | Noenatal hearing checkup(white) | ___/___/___ (Y/M/D) | O | Yes | 3,000yen | 3,000yen | Yes | Yes |
| | Total | | | Yes | | | Yes | Yes |

If you do not apply for the Neonatal hearing checkup, please check the appropriate box. (In other cases, please describe the reason as well.)

Had Checkup covered by health insurance (NICU, etc.). (→Subsidized by other program.)

Didn't have to pay for the checkup fees at the hospital I visited.

Had a checkup at a designated medical institution in Metro.Tokyo using a check-up coupon.

Others (reason: _____)

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|---------|------------------|-----------------------------|--------------------------|--|--|--|--|--|------|------------------|---------------|---|
| Account | Name of the Bank | Bank Trust Co. Credit Assn. | Account number | | | | | | Type | Savings account | Katakana | |
| | | Head office Branch | Bank Code Branch Code | | | | | | | Checking account | Holder's Name | ※ |

※NB: In case thsat account holder's name is maiden name, write as (maiden name)

※NB: If the account holder of the payee account is someone other than the applicant (expecing/materniuty mother), the following Proxy Statement section must be filled in.

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| <p>Proxy Statement</p> <p>I delegate authority for the receipt of the Subsidy to the abovementioned account holder.</p> <p>___/___/___ (Y/M/D) Name of expecting/maternity mother</p> |
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Minato City administration section

| | |
|---------------------------|---------------------------|
| Regional City Office seal | Public Health Center seal |
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| | |
|-------------------------------|--|
| Date of resident registration | |
| Moving date | |

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|-----------------|
| Remarks section |
| |