

Certificate of Consultation/Examination for Intratesticular Biopsy/Sperm Retrieval

I certify that the patient described below has undergone one of the following specified surgical procedures as part of treatment for infertility, and that the medical fees for same are as shown below: TESE (testicular sperm extraction), MESA (microsurgical epididymal sperm aspiration), PESA (percutaneous epididymal sperm aspiration), TESA (testicular sperm aspiration).

Date: (YMD)

Name and location of medical facility

Name of primary physician providing treatment

Seal

To be filled out by medical institution (primary physician)

Katakana				
Patient name	Patient		Spouse	
Date of birth		Date: YMD (Years)		Date: YMD (Years)
Method of surgery	1. TESE 2. MESA		3. PESA 4. TESA	
	Circle appropriate number		Result of sperm collection	1. Viable sperm retrieved 2. No viable sperm retrieved treatment cancelled
Date of surgery	Year	Month	Date	(Date of surgery to retrieve sperm from testes)
Payment received for medical treatment	(Amount of payment received for surgical treatment (not covered by insurance))			
	Date of receipt: (YMD)			
Amount received: _____ Yen				
Name of designated medical facility providing specified fertility treatment				

Please take note of the following points when filling out this certificate.

- Surgery eligible for subsidy: TESE (testicular sperm extraction), MESA (microsurgical epididymal sperm aspiration), PESA (percutaneous epididymal sperm aspiration), TESA (testicular sperm aspiration) was carried out as part of a designated treatment for infertility (in vitro fertilization and/or micro-insemination) and was not covered by other medical insurance.
- Only surgery carried out after April 1, 2016 is eligible for subsidy.
- Expenses eligible for subsidy are limited to surgical fees not covered by medical insurance and/or fees for freezing of sperm (fees for storage and/or management are not eligible).
- Medical facilities eligible for subsidies are those institutions designated by the prefectural or city government to provide specified fertility treatments or facilities introduced by those institutions.
- It is necessary to submit an application for the specified fertility treatment subsidy together with this application.
- In cases where the specified fertility treatment is not eligible for subsidy, the related medical fees will also be ineligible.

To the Applicant

Please take note of the following points in regard to this certificate.

- Please show this certificate when requesting issuance of Certificate of Medical Costs for Consultation/Examination for Minato City specified Fertility Treatments (Form No. 2) for subsidy of specified fertility treatments received at designated medical institutions.
- Eligible surgery is limited to surgery carried out after April 1, 2016.
- It is necessary to submit an application for the specified fertility treatment subsidy together with this application.
- In cases where the specified fertility treatment is not eligible for subsidy, the related medical fees will also be ineligible.

***This document is not required if also applying for the specified treatment in Tokyo, etc.**