

Form 1 (For Article 5)

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 Minato City			either	Date of birth(Expected date,if you move out of Minato City and apply before giving birth.)	____/____/____ (Y/M/D)
	Phone number					(If you do not give birth)Last checkup day for pregnancy	____/____/____ (Y/M/D)
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 amount (B)	Subsidised amount applied for	Filled in by Public Health Center
					Subsidised for FY2024 checkups	Subsidised for FY2025 checkups	Lower amount out of (A) and (B)	Accepted sum
	Prenatal health exam (light blue 1)	____/____/____ (Y/M/D)	O	Yen	10,980yen	11,280yen	Yen	Yen
	Prenatal health exam (yellow 2)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 3)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 4)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 5)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 6)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 7)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 8)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 9)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 10)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 11)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 12)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 13)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal health exam (yellow 14)	____/____/____ (Y/M/D)	O / M	Yen	5,140 yen	5,280 yen	Yen	Yen
	Prenatal ultrasound (white 1)	____/____/____ (Y/M/D)	O	Yen	5,300 yen	5,300 yen	Yen	Yen
	Prenatal ultrasound (white 2)	____/____/____ (Y/M/D)	O	Yen	5,300 yen	5,300 yen	Yen	Yen
	Prenatal ultrasound (white 3)	____/____/____ (Y/M/D)	O	Yen	5,300 yen	5,300 yen	Yen	Yen
	Prenatal ultrasound (white 4)	____/____/____ (Y/M/D)	O	Yen	5,300 yen	5,300 yen	Yen	Yen
	Prenatal Cervical cancer screening(pink1)	____/____/____ (Y/M/D)	O	Yen	3,400yen	3,400yen	Yen	Yen
	Noenatal hearing checkup(white)	____/____/____ (Y/M/D)	O	Yen	3,000yen	3,000yen	Yen	Yen
	Total			Yen			Yen	Yen

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: _____)

Account	Name of the Bank	Bank Trust Co. Credit Assn.	Account number							Type	Savings account	Katakana	
		Head office Branch	Bank 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.

Proxy Statement	
I delegate authority for the receipt of the Subsidy to the abovementioned account holder.	
____/____/____ (Y/M/D) Name of expecting/maternity mother	

Minato City administration section		Regional City Office seal		Public Health Center seal		Date of resident registration		Remarks section	
						Moving date			