

If you/ newborn baby receive prenatal health examinations/ neonatal hearing checkup at a maternity or a medical facility outside Metropolitan Tokyo, a portion of your fees will be subsidized.

1. Outline of system

Prenatal Health Examination Coupons, Prenatal Ultrasound Examination Coupons, Prenatal Cervical Cancer Examination Coupons or Neonatal Hearing Checkup coupon (hereafter, Coupons) may only be used at medical facilities designated to carry out prenatal health examinations or neonatal hearing checkup in Metropolitan Tokyo. Therefore, **if you/ baby receive examinations/ hearing checkup at a medical facility outside Metropolitan Tokyo or a maternity center (inside or outside Tokyo)** the Coupons are invalid, and you are responsible for the entire fee. This subsidy covers part of that fee. **(To be eligible: You must receive examinations after the date of Coupons issuance and must be a Minato City resident at the time you/ baby received the examinations/ hearing test. Neonatal hearing checkup must be received within 50 days of delivery. Prenatal health examinations/ neonatal hearing checkup received overseas are not subsidized.**

2. Amount of subsidy

The amounts shown below (equivalent to the publicly funded portion of the fees charged for a prenatal health examinations/ neonatal hearing checkup at a designated medical facility in Metropolitan Tokyo when using the Coupons) will be considered the maximum amounts of the subsidy corresponding to the number of unused coupons submitted/ returned. If the fee paid is less than the maximum shown, the amount actually paid will be considered the amount of the subsidy. In principle, only the items described on the Coupons are eligible for the subsidy and only the examination items you paid for during those visits that are not covered by public funding are eligible for the subsidy (for maternity centers, only the 2nd–14th visits are eligible).

Exam Coupon	Type	Prenatal Exam Coupon	Prenatal Exam Coupon	Prenatal Ultrasound Exam Coupon	Prenatal Cervical Cancer Exam Coupon	Neonatal Hearing Checkup Coupon
	Quantity	1 st Visit	2 nd –14 th Visit	4	1	1
	Color	Light blue	Yellow	White	Pink	White
	Maternity Center	× (Not subsidized)	○	× (Not subsidized)	× (Not subsidized)	× (Not subsidized)
Amount of Subsidy	FY 2022 examinations	Max. ¥10,880	Max. ¥5,090	Max. ¥5,300	Max. ¥3,400	Max. ¥3,000
	FY 2023 examinations	Max. ¥10,980	Max. ¥5,140	Max. ¥5,300	Max. ¥3,400	Max. ¥3,000

3. Application period

○ One year from the delivery date (or date of last prenatal health examinations/ neonatal hearing checkup); if you give a birth on April 1, the application period is until March 31 of the next year.

○ If you do not give birth, one year from the last prenatal health exam.

*If you move out of Minato City before giving a birth, you may apply for the Subsidy for Prenatal Health Examinations before delivery.

4. Required documents

1	(Form 1) Application for Minato City Subsidy for Prenatal Health Examinations (Application Form of Minato City Subsidy Program for Prenatal Health Exams Costs); see sample completed form on reverse.	Common requirements Subsidy for Prenatal Examinations and Neonatal Hearing Checkup
2	Unused Coupons (issued by a city, town or village in Metropolitan Tokyo)	
3	Copy of receipt issued by the medical facility where you/ baby were examined.	
4	Copy of Maternal and Child Health Handbook page8-9 (Course of Pregnancy).	Prenatal Health Examinations only
5	Copy of Maternal and Child Health Handbook page17 (Record of Checkups/ Neonatal Hearing Checkup)	Neonatal Hearing Checkup only

5. Where (how) to apply

Minato Public Health Center, Health Promotion Section, Local Health Subsection (mail or in-person submission)

Each Regional City Office, Residents' Section, Health and Welfare Subsection (in-person submission only).

6. Payment of subsidy

Payment of subsidy takes two to three months after application. You will be notified of the results of your application by mail. Payment may be delayed in cases when documents are incomplete.

Cont. on reverse

Form 1 (For Article 5)

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

Addressed to: Mayor of Minato City

If you have moved out of Minato City, please enter both your former address in Minato City and your new address after moving.

al Health Exams Fees. Please transmit the subsidy to the account given below.

any information regarding my Resident Registration and information concerning to my medical of this application.

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

Date of birth

____/____/____ (Y/M/D)

Applicant

maternity mother

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-4th health exams (yellow)

Ultrasounds (white)

Prenatal Cervical Cancer screening (pink)

Neonatal hearing checkups (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 FY 2022 checkups

Subsidised amount (B) Subsidised for FY 2023

Subsidised amount applied for and

Filed in by Public Health Center Accepted sum

Prenatal health exam (light blue 1)

____/____/____ (Y/M/D)

O

Yen 10,850 yen

1

1

Yen 5,070 yen

5

Prenatal health exam (yellow 2)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5

5

Yen 5,070 yen

5

Prenatal health exam (yellow 3)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5

5

Yen 5,070 yen

5

Prenatal health exam (yellow 4)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 5)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 6)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 7)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 8)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 9)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 10)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 11)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 12)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 13)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Prenatal health exam (yellow 14)

____/____/____ (Y/M/D)

O / M

Yen 5,070 yen

5,090 yen

5,090 yen

Yen

Yen

Pr

____/____/____ (Y/M/D)

O

Yen

Pr

____/____/____ (Y/M/D)

O

Yen

Pr

____/____/____ (Y/M/D)

O

Yen

Noenatal hearing checkup (white)

____/____/____ (Y/M/D)

O

Yen

Total

____/____/____ (Y/M/D)

O

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 Branch Code

Checking account Holder's Name※

※NB: In case that 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 (expecting/maternity 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

Frequently Asked Questions

- Q1 **I received a prenatal examination overseas. Am I eligible for the subsidy?**
→ As this was set up as a domestic system, fees paid for prenatal examinations overseas are not eligible for the subsidy.
- Q2 **Are prenatal examinations not recorded in the Mother and Child Handbook eligible for the subsidy?**
→ Examinations after the date of issuance of the Handbook may be eligible for the subsidy; please submit a copy of the receipt for these examinations too. Eligibility will be considered by the Public Health Center.
- Q3 **I lost the examination coupon. What should I do?**
→ We will reissue Coupons in case they are lost due to theft, fire, or other unforeseen circumstances. In that case, please complete the Report of Loss of Prenatal Examination Coupons. Forms are available at the application window.

Mail or Inquiries

1-4-10 Mita Minato-ku 108-8315 Minato Public Health Center, Health Promotion Section, Public Healthcare Subsection Tel: 6400-0084 Fax: 3455-4539