

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)	
		Minato City				(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

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 applied for out of (A) and (B)	Filled in by Public Health Center Accepted sum
				Subsidised for FY2023 checkups	Subsidised for FY2024 checkups		
Prenatal health exam (light blue 1)	___/___/___ (Y/M/D)	O	Yes	10,880yen	10,980yen	Yes	Yes
Prenatal health exam (yellow 2)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 3)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 4)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 5)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 6)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 7)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 8)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 9)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 10)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 11)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 12)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 13)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 yen	Yes	Yes
Prenatal health exam (yellow 14)	___/___/___ (Y/M/D)	O / M	Yes	5,090 yen	5,140 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 ultrasound (white 3)	___/___/___ (Y/M/D)	O	Yes	5,300 yen	5,300 yen	Yes	Yes
Prenatal ultrasound (white 4)	___/___/___ (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: _____)

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 (expexing/materniuty mother), the following Proxy Statement section must be filled in.

<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>

Minato City administration section

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