

## Application for Public Funds for Medical Costs

(Year), (Month), (Day)

To: Director of Kanazawa City Healthcare Center

Applicant    Address \_\_\_\_\_

Name \_\_\_\_\_

(Signature, or write name and affix seal)

Individual Number \_\_\_\_\_

TEL \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

I wish to receive public funds for medical costs, so I am applying based on the provisions of the Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases, { Article 37, Paragraph 1 (Inpatient) }  
 { Article 37-2, Paragraph 1 (Outpatient). }

Patient	Name		Sex		Date of Birth	(Year), (Month), (Day)
	Address					
	Individual Number					
	Type of Insurer, etc.					

Notes: 1 Please enclose the following materials.

(1) If applying under Article 37, Paragraph 1 of the Act:

ア A copy of the Notice of Recommendation for Hospitalization, etc.

イ Documents as noted under Article 20, Paragraph 2, Item 2 of the Enforcement Regulations for the Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases

(2) If applying under Article 37-2, Paragraph 1 of the Act:

ア A medical certificate issued by a physician, indicating that you are to receive medical care

イ Direct X-ray photographs as noted under Article 20-3, Paragraph 2, Item 2 of the Enforcement Regulations for the Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases

2 If the patient's guardian is a legal entity, please write the address and name of the principal office of the legal entity in the applicant address and name sections above.