

(Year)(Month)(Day)

Director of Kanazawa City Healthcare Center
(Director's Name)

Notice of Determination of Public Fund Coverage for Medical Costs

This is a notice of approval for public fund coverage for your medical costs, as applied for on the date below, in accordance with Article 37, Paragraph 1 of the Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases.

Public Fund Coverage Number	1	1	1	7	1	0	3	0
Recipient Number								
Patient Name						Sex		Date of Birth (Year)(Month)(Day)
Patient Address								
Period of Public Fund Coverage	From (Year)(Month)(Day)							
Name of Disease						Name of Medical Institution		
Amount Paid by Patient	Yen					Type of Medical Insurance		
Notes	Public fund coverage for your medical costs shall be valid only for the hospitalization period noted in the Recommendation for Hospitalization based on the Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases. If the Recommendation for Hospitalization is cancelled, payment shall be terminated at that time.							