

REGISTRATION FORM

■ Patient Information

Date [受診日] _____ dd[日]/ _____ mm[月]/ _____ yy[年]

Name [名前] **Please write clearly in block letters.**

Please write full name as it appears on your passport.

(first) _____ (middle) _____ (last) _____

カナ表記 (名) _____ (ミドル) _____ (姓) _____ (hospital use)

No. _____

Sex [性別] **M** 男・**F** 女 Email [メール] _____

Date of Birth [誕生日] _____ Age [年齢] _____
DD / MM / YY

Nationality[国籍] _____

Address in Japan [住所 - 日本国内] _____

Address in your home country [住所 - 本国] _____

Phone Number _____ Mobile Number _____
[電話番号] [携帯電話番号]

Occupation [職業] _____ Employer [勤務先] _____

Arrival date [到着日] _____ Departure date [出発日] _____
in Niseko DD / MM / YY from Niseko DD / MM / YY

Accommodation [宿泊先/ホテル] _____ (Room No. _____)

■ Medical Information

*Please describe your symptoms/problems briefly.
[症状などを簡単にご記入ください]

■ put a check mark

- 02 General medicine
- 05 Gastroenterology
- 08 Cardiology
- 10 Pediatrics
- 20 General surgery
- 21 Neurosurgery
- 30 Orthopedic surgery
- 40 Obstetric & gynecology
- 50 Dermatology
- 55 Urology
- 60 Ear, nose & throat

■ For your insurance claim

Medical certificate/report ¥ 2,200 (tax incl) YES NO

[医師の診断書 2,200円 (税込)]

Copied digital imaging (burned CDR) ¥ 1,100 (tax incl) YES NO

[画像診断コピー 1,100円 (税込)]

***Please note that you will not be able to cancel the Medical certificate and CDR after they are issued.**

■ Agreement

If you are not covered by Japanese health insurance, you are liable to shoulder your total medical expenses that can be made by cash or credit card. **Medical expenses include medical interpretation fee of 5500 yen (tax included).** For claiming insurance, please contact your insurance company and make a claim by yourself. If you are worried about your medical cost, please let us know before you see a doctor.

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I agree and sign: _____ / / _____

私は同意し署名します

Signature

Date

***Your payment method** Cash Credit card 支払方法 現金/クレジットカード