# Information on Hospitalization Charges

入院費のお知らせ

# Hospitalization charges

入院費の支払いについて

At the time of discharge 退院時	You will be given an invoice when your account is ready. Please wait in your hospital room. 会計の準備ができましたら請求書をお渡します。病室でお待ちください。
Multi-month hospitalization 複数月入院の場合	Inpatient hospitalization charges are due at the end of each month and billed around the 10th of the following month. Please pay by the stated due date. 入院中の入院費は、毎月末で締め切り、翌月 10 日頃に請求します。 記載された期日までにお支払いください。

## ✓ Inquiry for an estimate of hospitalization costs. 入院費概算の問合わせ先

Patients in hospital	Please contact the ward clerk in each ward.
入院中の患者さん	各病棟の病棟クラークへお問い合わせください。
Patients other than the above 上記以外の患者さん	Please contact the Admission and Discharge Center. 入退院センターへお問い合わせください。

# Our hospital has a deposit system and may require a deposit.

本院は保証金制度があり、保証金をお預かりすることがあります

Our hospital has a deposit system and may require a deposit, in case you do not have public health insurance card at the time of hospitalization or if you do not have a co-signer for the hospitalization guarantee, etc... You can consult about any concerns you may have regarding payment of hospitalization expenses.

入院時に健康保険証をお持ちでない場合、入院保証書の連帯保証人がいない場合など。入院費支払いについてのご不 安など、ご相談いただけます。

### <For public health insurance card holders> Various systems for medical expenses

<健康保険証をお持ちの方へ> 医療費に関する各種制度について

## High-Cost Medical Expense Benefit (KOGAKU RYOYOHI SEIDO)

● 高額療養費制度 ●

If your medical expenses for a month (from the beginning of the month to the end of the month) exceed your copayment limit, you will be reimbursed for the portion of the medical expenses paid at qualifying medical institutions that exceeds a certain amount. 1 か月(月初から月末)に負担した医療費が自己負担限度額を上回っ た場合に、医療機関で支払った医療費のうち、一定額を超えた分が払い戻される制度です。

L	┙	The maximum co-paymen	t amount varies o	depending on	age and income.
		白つ白田の上限領は午齢	と配得に広じて思	かります	

自己負担の上限額は年齢と所得に応じて異なります。

「Fee for special room" and "meals during hospitalization" and "expenses not covered by public" insurance" are not covered. 特別室料金や食事代、保険適用外の費用は対象となりません。

## ■ Eligibility Certificate for Ceiling-Amount Application (GENDOGAKU TEKIYO NINTEISHO)

#### ● 限度額適用認定証 ●

By presenting the certificate for the maximum amount of your medical expenses issued in advance to the medical institution, you can limit the amount you pay at the medical institution to the maximum amount you can afford. 事前に交付された限度額適用認定証を医療機関に提示することで、医療機関での支払額 を自己負担の上限額までに抑えることが出来ます。

You must apply for the certificate at the health insurance association to which you belong. Please apply for it as soon as possible before hospitalization. 患者さんが、加入している健康保険組合で交付 手続きを行う必要がありますので、入院前に早めの手続きをお願い致します。

Once the Certificate of Maximum Amount Coverage is issued, please present it to the Admission and Discharge Center at the time of admission. 限度額適用認定証が交付されましたら、入院時に入退院センター へご提示ください。

※限度額適用認定証については、入院のしおり P.6 に記載しております。

<sup>\*</sup> The Eligibility Certificate for Ceiling-Amount Application (GENDOGAKU TEKIYO NINTEISHO) is described on p. 6 of "Patient Handbook~Information for Inpatients (Japanese only)".

#### For public health insurance card holders> Subsidies for Medical Expenses of Children

<健康保険証をお持ちの方へ> お子さんの医療費に関する助成制度について

● 乳幼児医療費 ● 申請窓口:市役所

Children between the ages of 0 and 3rd grade of elementary school whose parents or other family members have income below a certain amount and who are covered by various medical insurance plans. 0 歳~小学校 3 年生のお子さまで、父母などの所得が一定金額以下であり、各医療保険に加入している方。

# Medical fee assistance system for children with specific chronic diseases (SHOUNI MANSEI TOKUTEI SHIPPEI IRYOUHI JOSEI SEIDO) ●Application window: Public healthcare center

小児慢性特定疾病医療費助成制度申請窓□:保健所

This is a system to subsidize a part of the co-payment of medical expenses for pediatric chronically specified diseases. 小児慢性特定疾病の医療費の自己負担の一部を助成する制度です。

※ Please check with your doctor to see if you are eligible. 該当の可否については医師にご確認ください。

# Medical fee assistance system for children with specific chronic diseases (SHOUNI MANSEI TOKUTEI SHIPPEI IRYOUHI JOSEI SEIDO) ■ Application Window: City Hall

● 未熟児養育医療制度(養育医療) ● 申請窓口:市役所

In cases where the child has one of the following symptoms and the physician deems it necessary to have inpatient care: 以下のいずれかの症状を有し、医師が入院養育を必要と認める場合。

- □ Birth weight less than 2,000g 出生時の体重が 2,000 g 以下
- □ Newborns with immature physical development, regardless of weight 体重に関係なく、身体の発達が未熟な状態で生まれた新生児

#### ■Developmental Disorder Care (IKUSEI IRYO) Application Window: City Hall

● 自立支援医療(育成医療) ● 申請窓口:市役所

Children under 18 years of age whose parent's or guardian's address is in the prefecture, who fall into one of the following disease categories, and who can be expected to receive reliable treatment effects from surgery, etc. 保護者の住所が県内にある 18 歳未満の児童で、以下の疾患区分に該当し、かつ手術等により確実な治療効果が期待できる人。

- (1) Limb/Trunk Dysfunction 肢体不自由
- (2) Visual Impairment 視覚障害
- (3) Hearing and Balance Dysfunction 聴覚・平衡機能障害
- (4) Speech and Language Dysfunction 音声·言語機能障害
- (5) Heart disorder, kidney disorder 心臟障害、腎臟障害
- (6) Other internal organ disorder (limited to congenital) その他の内臓障害(先天性のものに限る)
- (7) Immune dysfunction caused by human immunodeficiency virus ヒト免疫不全ウイルスによる免疫機能障害

☐ Please consult your doctor for a	applicability.	該当の可否につい	ては医師にご相談く	ください。
☐ There are income restrictions.	所得制限があ	ります。		

<sup>\*</sup>Please refer to "For those admitted to the pediatric ward" (Japanese only) (P.9-10). ※「小児病棟へ入院される方へ P.9~10」を参照ください。