

保険請求に関する同意書
Annual Physical Exam Insurance Claim Agreement

当院の健康診断の Basic Plan(\$350)は、保険をお持ちでない方や、保険を持っていても自己負担率が高い為保険請求をされない方のための設定価格です。保険請求ご希望の方は、下記をお読みになって同意をお願いします。

- お持ちの保険のプランで必ずしもご希望の全ての項目がカバーされることは一概にお約束できません。保険によっては差額が発生いたしますこと、ご理解ください。
- 当院では具体的値段はお調べ出来ません。
- 血液検査 LAB も含む、外部施設ご使用の場合、それぞれの施設より請求書が届きます。
- 再診での結果報告をご希望される場合は、診察扱いとなり、保険に請求させていただきます。ご自身の保険の内容によっては差額や Co-Pay が発生いたしますことご了承ください。

The general physical exam price (\$350) applies to patients who do not have any insurance, patients who have insurance but have a high out-of-pocket expense, or those who choose not to use their insurance for the physical exam. If you wish to process your physical exam through the insurance, please read the following agreement and sign.

- We cannot guarantee that all services rendered will be covered by your insurance plan. If your insurance carrier rejects a claim or only approves a portion of the amount billed, you will receive an invoice for the remaining balance, which you will be responsible for. Please note you are ultimately responsible for payment for all services not covered by your insurance plan.
- This clinic cannot obtain specific prices for your procedure through your insurance plan.
- In case of external facility utilization for any examination options, you will receive an invoice from each respective facility. The blood test laboratory will be treated as an external facility, so you will receive a separate invoice from them as well.
- If you choose to obtain physical examination results via follow-up appointment, we will bill your insurance for an office visit. Please note you will be responsible for a co-pay, co-insurances, and/or deductibles (if applicable).

I, _____ have read and understand the agreement above.
Print Name 私は、上記を理解し、

I authorize Osato Medical Clinic to bill my insurance.
保険請求に同意します。

サイン/Signature

日付/Date