

海外療養費

調査に関わる同意書

調査同意書

조사동의서

Agreement of Authorization

相模原市 御中

致：相模原市政府相关部门

사가미하라시 귀중:

To: Sagamiyara City Office

私（療養を受けた者）と、私の世帯主は、貴市の職員あるいは、貴市が委託した事業者が、海外療養費申請書類にある事実（療養行為を行った日時、場所、療養内容）を確認するため、申請書類の提供等によって、療養行為を行った者および海外・国内の公的機関に照会を行い、当該者から照会に対する情報の提供を受けることに同意します。

本人（療養接受人）及本人的户主，同意贵市职员或贵市的委托方为确认本人海外疗养费申请资料中所述事实（疗养时间、场所、疗养内容），根据申请资料，向提供疗养者以及海外、国内的政府机构核实，并接受其提供的相应信息。

본인(요양을 받은자) 및 저의 세대주 는 시구읍면직원 혹은 그와 관련된 업무위탁업체가 해외 요양비 신청서류에 기재된 사실(요양일, 요양장소, 요양내용)을 확인하기 위해 요양을 행한 자 및 해외, 국내의 공적기관에 조회를 하거나 해당자로부터 정보를 제공받는데 동의합니다.

I (patient who has received treatment) and my head of household authorize the City Office or its staff, and its subcontractors to refer and obtain any and all factual information related to an overseas medical treatment benefit claim(s) filed or to be filed including date of the treatment, place, and any treatment records and information from the medical organization and public agencies at home and abroad in order to verify by submitting the related application forms.

なお、国や地域、医療機関から所定の同意書や委任状などを求められた場合、所定の書類に必要事項を記載頂くことがあります。

另外，如果国家、地区、医疗机构要求填写特定的同意书或委任状，可能需要您配合填写。

그 외에 만약 국가,지역,의료기관에서 특정 동의서 또는 위임장을 작성할것을 요청할 경우, 작성하셔야 할수도 있습니다.

Also, we might ask you to fill out the formatted documents if countries or regions, and medical institutions required submitting their format of agreement of authorization or authorization letter.

署名
签名
Signature

署名は、治療を受けた被保険者本人が行って下さい。なお次の場合は、親権者（本人が未成年の場合）成年後見人（本人が成年被後見人の場合）法定相続人（本人が死亡している場合）が署名して下さい。

须由接受治疗的被保险本人签字。以下（ ）情况，请监护人（本人未成年）成年监护人（本人接受监护的成年人）法定继承人（本人已死亡）签字。

치료를 받는 피보험자본인이 서명을 하여야 합니다.아래()의 경우,친권자(미성년자)혹은 성년후견인(피성년후견인)혹은 법정상속자(사망)의 서명이 필요합니다.

Insured person who has received treatment shall sign one's signature. However, in the following case, guardian (insured person is under age), guardian of adult (insured person is adult ward), heir (insured person is dead) shall sign one's signature.

①署名日（署名日期）(서명일) (Date of signature)

_____年（年）(Year) ____月（월）(Month) ____日（일）(Day)

患者(환자) (Patient) _____

(* 署名者と同一の場合は省略可)

(* 患者为签字者本人时此处可以不用填写)

(* 환자가서명을한본인일경우본란은기입하지않으셔도됩니다)

(* This is not compulsory to be filled in if the patient is the one who will sign the document)

署名者（签名者）(서명자) (Signer) _____

住所（住址）(주소) (Address) _____

生年月日（出生日期）(출생년월일) (Date of birth)

_____年（Year） ____月（Month） ____日（Day）

(患者との関係)(与患者关系)(환자와의 관계) (Relation to the insured)

: 本人（患者本人）(본인) (Self) ・ 親権者（친권자）(监护人) (Guardian) ・

法定相続人（法定继承人）(법정상속자) (Heir) ・ その他（其他）(기타) (Other)
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