

調査に関わる同意書  
조사동의서  
Agreement of Authorization

神奈川県後期高齢者医療広域連合事務局 御中

가나가와현 후기고령자 의료 광역연합 사무국 귀중

To: Kanagawa Old-Old Adults Medical Care Wide Area Union Office

私（療養を受けた者）と私の世帯主は、貴市（区町村）の職員あるいは、貴市（区町村）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。

본인(요양을받은자)와저의세대주는시구읍면직원혹은그와관련된업무위탁업체가해외요양비신청서류에 기재된사실(요양일, 장소, 요양내용)을확인하기위해해당요양기관에조회를하거나해당요양기관으로부터정보를제공받는데동의합니다.

I (patient who has received treatment) and my head of household authorize the City (Municipality) 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 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。

그외에만약국가,지역,의료기관에서특정동의서또는위임장을작성할것을요청할경우, 작성하셔야할수도있습니다.

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・押印欄

서명. 날인

Signature

署名・押印は、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、押印して下さい。

치료를받은피보험자본인이서명.날인을하여야합니다.피보험자본인이미성년자또는피성년자후견인인경우에는친권자또는성년후견인의서명.날인이필요합니다.

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日付(날짜) (Date) \_\_\_\_\_年 (년) (Year) \_\_\_\_月 (월) (Month) \_\_\_\_日 (일) (Day)

②患者(환자) (Patient) \_\_\_\_\_ (\* 署名者と同一の場合は省略可)

(\* 환자가서명을한본인일경우본란은기입하지않으셔도됩니다)

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

③氏名(성명) (Signature) \_\_\_\_\_ 印 인

④住所(주소) (Address) \_\_\_\_\_

⑤生年月日(출생년월일) (Date of birth)

\_\_\_\_\_年 (년) (Year) \_\_\_\_月 (월) (Month) \_\_\_\_日 (일) (Day)

⑥患者との関係 (환자와의관계) (Relation to the insured)

: 本人 (본인) (Self) ・ 親権者 (친권자) (Guardian) ・

法定相続人 (법정상속자) (Heir) ・ その他 (기타) (Other) [ \_\_\_\_\_ ]