Instructions for NHI Prepaid Medical Expense Reimbursement Application Form

1. Please note:
   (1) The insured person should fill out the form completely; the **group insurance unit** should submit the application to the accepting unit.
   (2) The **group insurance unit** is requested to make copies of the application form for its needs, or may request forms from a Bureau of National Health Insurance (BNHI) branch.
   (3) Persons at least 20 years of age who are mentally and physically competent must submit an application for themselves, and may not designate a payer. A legal agent must apply on behalf of persons less than 20 years of age and attach personal identification documents. A legal heir may apply if the original person has died; the heir must attach personal identification documents and a statement.
   (4) If the **group insurance unit** prepays medical expenses, the insured person is requested to make a written statement designating the **group insurance unit** as the payment recipient.
   (5) If the case involves a major injury or illness, one photocopy of a document verifying the major injury or illness must be attached.
   (6) Please fill out the payment address carefully so as to facilitate issuance of the refund.

2. Necessary conditions: An insured may apply for the refund of insured medical expenses in any of the following situations:
   (1) If the insured has **not joined the NHI program** in accordance with the regulations of the National Health Insurance Act (herein referred to as "this Act"), and has been punished with a fine and temporary suspension of insurance payments in accordance with Article 69-1 of this Act, the insured prepays for medical care expenses at an insured medical service organization during the period of suspension of insurance benefits, and has already paid all fines and insurance premiums in full.
   (2) If the insured has been provisionally refused insurance payments in accordance with Article 30, Paragraph 3 of this Act, the insured prepays for medical care expenses at a **contracted health provider** during the period of provisional refusal of insurance benefits, and has already paid all insurance premiums and overdue payment in full.
   (3) If the insured has failed to pay co-payments in accordance with Articles 33 and 35 of this Act, and has been provisionally refused insurance premiums, the insured prepays for medical care expenses at a **contracted health provider** during the period of suspension of insurance premiums, and has already paid all fines and insurance premiums in full.
   (4) The insured has failed to submit any certificate on exemption of co-payment to a **contracted health provider** within seven working days after the day being treated in accordance with Article 6 of this Act.
   (5) One of the following situations applies and the case meets the requirements of Article 2 of the National Health Insurance Emergency Injury or Illness Prepaid Medical Expense Refund Regulations (herein referred to as the "Refund Regulations"):
      I. Within an area where NHI is in force, the insured is unable to go receiving care at a **contracted health provider** due to an emergency injury or illness, and must seek care at a nearby **non-contracted health provider**.
      II. Within an area where NHI is in force, the insured is unable to go for delivery care at a **contracted health provider** due to emergency circumstances, and must go to a **non-contracted health provider**, or asks an approved physician or midwife to assist the delivery.
      III. Within an area where NHI is not in force (including foreign countries and China), the insured suffers an unexpectedly injury, illness, or emergency delivery, and must go to a local medical organization for care or delivery.
   (6) In accordance with Article 35, Paragraph 2 of this Act and Article 64, Paragraph 3 of this Act's enforcement rules, the insured's co-payments of hospitalization for the year exceed 10% of the average per capita income during the most recent year.

3. Accepting units:
   (1) In cases meeting the conditions of Subparagraphs 1~4 of Paragraph 2 above, please submit an application to the BNHI branch with jurisdiction over the place of the hospital or clinic of treatment.
   (2) In cases meeting the conditions of Subparagraph 5 of Paragraph 2 above, please submit an application to the BNHI branch with jurisdiction over the place of the **group insurance unit**.
   (3) In cases meeting the conditions of Subparagraph 6 of Paragraph 2 above, please submit an application to BNHI branch with jurisdiction over the place of the first hospital or clinic of treatment.

4. Standards of the refund: The insurer shall process refunds in accordance with NHI Medical Expense Review and Payment Regulations and the National Health Insurance Emergency Injury or Illness Prepaid Medical Expense Refund Regulations.
5. Ways of refunds: After approval of the expenses, the BNHI branch shall mail a check to the insured or remit the payment to the account of the insured or insured's legal agent by bank transferation.

Addresses and Service Phone Numbers of Bureau of National Health Insurance Branches

<table>
<thead>
<tr>
<th>Branch</th>
<th>Address</th>
<th>Area of jurisdiction</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taipei branch</td>
<td>No.15-1, Gongyuan Rd., Jhongheng District, Taipei City</td>
<td>Taipei, Ilan, Keelung, Kinmen, Matsu</td>
<td>(02) 2523-2388</td>
</tr>
<tr>
<td>Northern Region branch</td>
<td>525 Jhongshan E. Rd. Section 2, Chungli, Taoyuan County</td>
<td>Taoyuan, Hsinchu, Miaoli</td>
<td>(03) 438-1111</td>
</tr>
<tr>
<td>Central Region branch</td>
<td>66 Shicheng N. 1st Rd., Taichung</td>
<td>Taichung, Changhua, Nantou</td>
<td>(04) 2258-3988</td>
</tr>
<tr>
<td>Southern Region branch</td>
<td>96 Gongyuan Rd., Tainan</td>
<td>Yunlin, Chiai, Tainan</td>
<td>(06) 224-5678</td>
</tr>
<tr>
<td>Kao-Ping Branch</td>
<td>157 Jioru 2nd Rd., Sanmin District, Kaohsiung</td>
<td>Kaohsiung, Pingtung, Penghu</td>
<td>(07) 323-3123</td>
</tr>
<tr>
<td>Eastern Region branch</td>
<td>36 Syuanyuan Rd., Hualien City</td>
<td>Hualien, Taitung</td>
<td>(03) 833-2111</td>
</tr>
</tbody>
</table>
National Health Insurance Refund Application Form

If the case involves an occupational injury or illness, please fill out the following information and send directly to: Bureau of Labor Insurance, 14 Roosevelt Rd.

<table>
<thead>
<tr>
<th>Section 1, Taipei City</th>
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</thead>
</table>

For Prepaid Medical Expense Due To Emergency Injury or Illness

**Prepaid Medical Expense Due To Special Circumstances**

Co-payments of Hospitalization Expenses Exceeding the Annual Statutory Limit

<table>
<thead>
<tr>
<th>symmetric</th>
<th>domestic</th>
<th>out-of-country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date accepted:</td>
<td>Acceptance No.:</td>
<td></td>
</tr>
</tbody>
</table>

**Designated payee**

- [ ] The insured
- [ ] Designated payee:

<table>
<thead>
<tr>
<th>No. of the group insurance unit</th>
<th>Name of the group insurance unit</th>
</tr>
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</table>

- [ ] Insured
- [ ] Address of designated payee

**ID card number**

- Insured
- Address of designated payee

**Date of birth**

- y/ m/ d/
- Phone
- Office( ) Home( ) mobile phone

**Date of outpatient (emergency) care**

- y/ m/ d/
- Hospital or clinic

**Date of hospitalization**

- y/ m/ d/
- Hospital or clinic

**Date of discharge**

- y/ m/ d/
- Hospital or clinic

**Hospitalization due**

- Days
- Payment type

- 1. Occupational injury
- 2. Occupational disease
- 3. General injury
- 4. General illness
- 5. Pre-natal check-up
- 6. Natural delivery
- 7. Cesarean section
- 8. Major injury or illness

<table>
<thead>
<tr>
<th>Amount paid or refunded</th>
<th>Reason for prepayment of expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] NTS [] Yen [ ] Euros [ ] RMB [ ] Hong Kong$ [ ] USS [ ] Thai Bath [ ] Indonesian Rupiah [ ] Other (country of care) (please write in long form)</td>
<td></td>
</tr>
<tr>
<td>In accordance with Article 72 of the National Health Insurance Act. &quot;A person who collects an insurance benefit through improper behavior or false proof, reporting, or accounts shall be fined twice the amount of the payment received, and the case shall be forwarded for prosecution when criminal liability is involved.&quot;</td>
<td></td>
</tr>
</tbody>
</table>

**Application deadline**

| Within six months on the date of fulfillment of owed fees |
| Within six months on the date of ambulatory care or discharge of hospitalization |
| Before the end of June of the following year |

**Explain the reason for prepayment of medical expenses:**

- If item 4, 5, 6, or 7 has been checked, no refund will be given unless a reason is provided.

**Reason for prepayment of expenses**

1. Insured failed to join the NHI program in accordance with regulations, and the temporary refusal of beneficiary period was still in force. Insured prepaid medical expenses and has paid off all fines and insurance premiums.

2. Insured owed insurance premiums, and the provisional benefit refusal period was still in force. Insured prepaid medical expense and has paid off all insurance premiums and late penalties.

3. Insured owed some co-payments, and the provisional benefit refusal period was still in force. Insured prepaid medical expense and has paid off all owed co-payments.

4. Insured is unable to submit certificate on exemption of co-payment and apply to the hospital or clinic for a refund within seven days (not including weekends and holidays) after the date being treated due to some reasons not attributable to the insured (please specify the reason in the column provided).

5. Insured is unable to submit proof of waiver of payment responsibility within seven days (not including weekends and holidays) of the date of care due to some reason not attributable to the insured (please specify the reason in the column provided).

6. The insured received care at a non-contracted health provider or clinic or overseas (including China) due to an emergency injury or illness. Please provide a detailed account of the circumstances and reasons in the column provided, and please state the reason for going overseas when care was received in a foreign country.

7. Other (please clearly state reason in the column provided).

**Domestic**

- 1. Original receipts of expenses and itemized list of expenses
- 2. Medical diagnosis or medical history information
- 3. Hospitalization documentation with attached medical diagnosis statement or discharged case history abstract
- 4. Labor insurance occupational injury or illness outpatient care form or hospitalization application form
- 5. Certificate of exemption on co-payments
- 6. Letter of authorization (power of attorney) (must be filled out when applicant is not the insured)
- 7. Photocopied receipts with reason why original cannot be provided.

<table>
<thead>
<tr>
<th>Foreign Area of (including China)</th>
<th>Partially refund of co-payments for full-year hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Original receipts of expenses and itemized list of expenses</td>
<td></td>
</tr>
<tr>
<td>2. Medical diagnosis or medical history information</td>
<td></td>
</tr>
<tr>
<td>3. One photocopy of documents verifying exit and entry (passport photo and ROC exit and entry stamps)</td>
<td></td>
</tr>
<tr>
<td>4. The insured who has not yet re-entered the ROC must write a letter of authorization.</td>
<td></td>
</tr>
<tr>
<td>5. Photocopied receipts with reason why originals cannot be provided.</td>
<td></td>
</tr>
<tr>
<td>*Please attach translations of the foregoing documents if not in Chinese or English. *</td>
<td></td>
</tr>
<tr>
<td>*Documents from China must be notarized. (please see explanations on reverse side) *</td>
<td></td>
</tr>
</tbody>
</table>

**Payment method**

- [ ] Bank transfer: bank name __________ Account number __________, please attach a photocopy of passport’ cover. (Bank transfers are limited to make at the following 17 banking institutions: Post Office, Central Trust of China, The Chinese Bank, Chinatrust Commercial Bank, Farmers Bank of China, Land Bank, Taiwan Business Bank, Taiwan Cooperative Bank, Entic Commercial Bank, Jihsun Bank, Changhua Bank, Hua Nan Bank, First Commercial Bank, Bank of Taiwan, Taipei Fubon Bank, Chiao Tung Bank, Bank of Kaohsiung)

- [ ] Check: *Please use bank transfer as much as possible in order to facilitate the speedy refund of your medical expenses.

- [ ] *If the insured owes any insurance fees or late fees, the insured agrees that the amount owed shall be paid first from the refunded amount.

- [ ] The insured has not applied for a relief fund loan.

- [ ] Seal/signature of the insured or legal agent:

- Address: __________
- Phone: __________
- Date: (y, m, d)

*If the insured has indeed joined the NHI program in this unit, Organization stamp or official seal:__________

*Seal/signature of the statutory responsible person/unit executive of the group insurance unit:__________