

# 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.
- (7) Starting from April 1, 2006 (hospital discharged date), when an insured applies for a refund for prepaid medical expenses for at least five days of hospitalization in China, and a BNHI branch considers that the case requires verification, before the application can be accepted, a concerned party must have the required medical verification documents (including original medical expense receipts, itemized expense lists, diagnostic statements, and other verifying documents) first notarized at a notary office in China, and must apply bearing the original notarization certificate to the Straits Exchange Foundation (phone: 02-2713-4726; <http://www.sef.org.tw>) for certification, and must complete certification documents.

## 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** transference.

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

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

**National Health Insurance Refund Application Form**

- 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**

\* 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. Section 1, Taipei City

<input type="checkbox"/> Outpatient <input type="checkbox"/> Hospitalization <input type="checkbox"/> Domestic <input type="checkbox"/> Out-of-country (Please fill out separate outpatient and hospitalization applications)		Date accepted:	Acceptance No.:
Designated payee		<input type="checkbox"/> The insured <input type="checkbox"/> Designated payee:	
No. of the <b>group insurance unit</b>		Name of the <b>group insurance unit</b>	
Insured	Name	Insured	Address of designated payee
	ID card number		Phone
Date of birth		Office( ) Home( ) mobile phone:	
Date of outpatient (emergency) care		Hospital or clinic	
Hospitalization date	Date of hospitalization	Name	
	Date of discharge	Address	
	Days of hospitalization	Payment type <input type="checkbox"/> 1. Occupational injury <input type="checkbox"/> 2. Occupational disease <input type="checkbox"/> 3. General injury <input type="checkbox"/> 4. General illness <input type="checkbox"/> 5. Pre-natal check-up <input type="checkbox"/> 6. Natural delivery <input type="checkbox"/> 7. Cesarean section <input type="checkbox"/> 8. Major injury or illness	
Amount applied for	<input type="checkbox"/> NT\$ <input type="checkbox"/> Yen <input type="checkbox"/> Euros <input type="checkbox"/> RMB <input type="checkbox"/> Hong Kong\$ <input type="checkbox"/> US\$ <input type="checkbox"/> Thai Baht <input type="checkbox"/> Indonesian rupiah <input type="checkbox"/> other (country of care) (please write in long form)		In accordance with Article 72 of the National Health Insurance Act, "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."
	Reason for prepayment of expenses		
<input type="checkbox"/> 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.			Within six months on the date of fulfillment of owed fees
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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			Within six months on the date of ambulatory care or discharge of hospitalization.
<input type="checkbox"/> 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)			
<input type="checkbox"/> 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)			
<input type="checkbox"/> 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.			Before the end of June of the following year
<input type="checkbox"/> 7. Other (please clearly state reason in the column provided).			
<input type="checkbox"/> 8. The insured has stayed in an acute bed of a hospital for less than 30 days or a chronic bed for less than 180 days during the year, and the insured's co-payments of hospitalization for the year exceeded 10% of the average per capita income during the most recent 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.)			
Attached documents	Domestic	Foreign Area of (including China)	Partially refund of co-payments for full-year hospitalization
	<input type="checkbox"/> 1. Original receipts of expenses and itemized list of expenses <input type="checkbox"/> 2. Medical diagnosis or medical history information <input type="checkbox"/> 3. Hospitalization documentation with attached medical diagnosis statement or discharged case history abstract <input type="checkbox"/> 4. Labor insurance occupational injury or illness outpatient care form or hospitalization application form <input type="checkbox"/> 5. Certificate of exemption on co-payments <input type="checkbox"/> 6. Letter of authorization (power of attorney) (must be filled out when applicant is not the insured) <input type="checkbox"/> 7. Photocopied receipts with reason why originals cannot be provided.	<input type="checkbox"/> 1. Original receipts of expenses and itemized list of expenses <input type="checkbox"/> 2. Medical diagnosis or medical history information <input type="checkbox"/> 3. One photocopy of documents verifying exit and entry (passport photo and ROC exit and entry stamps) <input type="checkbox"/> 4. The insured who has not yet re-entered the ROC must write a letter of authorization. <input type="checkbox"/> 5. Photocopied receipts with reason why originals cannot be provided Please attach translations of the foregoing documents if not in Chinese or English. *Documents from China must be notarized. (please see explanations on reverse side)	<input type="checkbox"/> 1. Original receipts of expenses <input type="checkbox"/> 2. Letter of authorization (power of attorney) (must be filled out when applicant is not the insured) <input type="checkbox"/> 3. Photocopied receipts with reason why originals cannot be provided
Payment method	<input type="checkbox"/> 1 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, Entie Commercial Bank, Jihsun Bank, Changhwa Bank, Hua Nan Bank, First Commercial Bank, Bank of Taiwan, Taipei Fubon Bank, Chiao Tung Bank, Bank of Kaohsiung) <input type="checkbox"/> 2 Check *Please use bank transfer as much as possible in order to facilitate the speedy refund of your medical expenses.		
It has been verified that the insured has indeed joined the NHI program in this unit. Organization stamp or official seal:		*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 <input type="checkbox"/> has <input type="checkbox"/> has not applied for a relief fund loan.	
Seal/signature of the statutory responsible person/unit executive of the group insurance unit:		Seal/signature of the insured or legal agent:	
		Address:	
		Phone:	
		Date: (y, m, d)	

