

Student ID Number	Name

Detailed statement of medical expense deductions for persons needing long-term care

1. Person needing long-term care

Name _____ (Relationship to applicant) _____

2. Name of illness _____

3. Monthly summary of medical expense

*** Please attach medical certificates (copy), and fill the amount in each box below.**

Target period: January 2024–December 2024

Receipt month	① Out-of-Pocket medical expense	② Amount to be compensated	Receipt month	① Out-of-Pocket medical expense	② Amount to be compensated
For January	Yen	Yen	For July	Yen	Yen
For February	Yen	Yen	For August	Yen	Yen
For March	Yen	Yen	For September	Yen	Yen
For April	Yen	Yen	For October	Yen	Yen
For May	Yen	Yen	For November	Yen	Yen
For June	Yen	Yen	For December	Yen	Yen
① Out-of-Pocket medical expense (Total)			① Yen		
② Amount to be compensated (Total)			② Yen		
③ Amount used to calculate deductible amount. (①−②)			③ Yen		

[*Notes]

- Persons needing Long-term Care are those who are recognized to need long-term treatment for more than six months.
- Food cost during hospitalization, an extra charge incurred for use of bed, document cost, and linen or clothing cost are not to be included in medical expenses in ①, as it is considered to be a regular expense occurred in daily life regardless of the hospitalization.
- Submit copies of receipt (with a name of person needing long-term care) attached on A4 size blank paper.
- Please confirm the amount of money by months of receipt.

[Example] If consultation date is November 30 and the receipt date is December 3, please include it in out-of-pocket medical expense for December.

- Fill the amount of money that was refunded as high medical care cost from Health Insurance in ②. Submit copies of applicable documents attached on A4 size blank paper. If there are several applicable persons, make enough copies of this sheet to fill for all.