



NHI Refund Application Form

Please don't write in this thick line square

① Medical treatment receiving area		<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign Area		Acceptance No.				Date accepted	
② Insured	Name		ID number				Date of birth		
	Address								
	Contact number	Office()		Home()		Cell phone:			
③ Medical condition	Country of care		Receipt currency		<input type="checkbox"/> NTD <input type="checkbox"/> CNY <input type="checkbox"/> HK <input type="checkbox"/> THB <input type="checkbox"/> IDR <input type="checkbox"/> JPY <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> VND <input type="checkbox"/> AUD <input type="checkbox"/> Others_____				
	*Please fill in another form if there are different countries				Hospital or clinic's Name		Payment		
	Medical category		Date of hospitalization/discharge						
	1. <input type="checkbox"/> Outpatient care <input type="checkbox"/> Hospitalization <input type="checkbox"/> Emergency treatment								
2. <input type="checkbox"/> Outpatient care <input type="checkbox"/> Hospitalization <input type="checkbox"/> Emergency treatment									
3. <input type="checkbox"/> Outpatient care <input type="checkbox"/> Hospitalization <input type="checkbox"/> Emergency treatment									
④ Amount applied for	Total Receipt Amount: _____								
	Statement of non-original receipt		The original medical expense receipt cannot be sent due to <input type="checkbox"/> lost, damaged <input type="checkbox"/> other uses, instead of providing the original non-receipt application for verification refund, if there is any inconsistency with this statement afterwards, or if there are repeated applications or acceptances, willing to bear Legal liability is hereby declared.						Signature _____ Relationship with Insured _____
⑤ Reason for prepayment of expenses	Reason for application							Application deadline	
	<input type="checkbox"/> In Taiwan		<input type="checkbox"/> The insured could not hand in the identity documents or IC cards in time and did not provide insurance certification to the Health Service Agency to apply for refund within 10 days (Start from the day you received medical treatment). <input type="checkbox"/> Do not have the copayment exemptions in the following identities: <input type="checkbox"/> Occupational injury <input type="checkbox"/> Low-income households <input type="checkbox"/> Veterans <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Catastrophic illness <input type="checkbox"/> Physical challenged <input type="checkbox"/> Others:_____				1. Within six months from the day of receiving medical treatment in outpatient clinic, emergency treatment, or discharge.		
	<input type="checkbox"/> In foreign area		<input type="checkbox"/> Due to an emergency or parturition, you receive emergency treatments at non-NHI contracted clinics or hospitals nearby. <input type="checkbox"/> The insured prepaid the following medical expenses during the temporarily non-payment period and has already paid the regarding insurance fees.				2. For crewmen out to sea, six months are counted starting from the day they returned to the country.		
	<input type="checkbox"/> Yearly hospitalization copayment exceeds the upper bound		<input type="checkbox"/> An unexpected emergency, particular illness, or parturition forced you to seek local clinics or hospitals for medical aids <input type="checkbox"/> The insured prepaid the following medical expenses during the temporarily non-payment period and has already paid the regarding insurance fees.				3. Within six months from the day you paid off the fees related.		
<input type="checkbox"/> Other reasons for prepayment :		The co-payment of staying in acute wards within 30 cumulative days or in chronic wards within 180 cumulative days in a whole year exceeds the legal limit.				Before the end of June of the following year			
⑥ Payment method	*Applicants who have owed health insured, delinquency chargess or bail-out fund loans, etc. will be refunded <input type="checkbox"/> agree <input type="checkbox"/> disagree on prior payment of arrears. Signature _____								
	*Applicants who entrust _____(Proxy) to agree on prior payment of arrears. Trustee Signature _____ (Applicants who do not agree to the payment of nuclear refund fees should pay for the outstanding health insurance premiums, delinquency chargess or bail-out fund loans, etc., please pay the arrears before applying for refund.)								
	<input type="checkbox"/> Insured <input type="checkbox"/> Legal agent/successor <input type="checkbox"/> Correctional Office: _____		Number of Correctional Office: _____						
<input type="checkbox"/> 1. Bank transfer: Bank account name _____ Bank name _____ Account number _____ (please attach bankbook cover copy)									
<input type="checkbox"/> 2. Check									
⑦ Attached documents	In Taiwan		In foreign area				Yearly hospitalization copayment exceeds the upper bound		
	<input type="checkbox"/> 1. Original receipts of expenses and itemized list of expenses <input type="checkbox"/> 2. Copayment exemptions or preferential copayment <input type="checkbox"/> 3. Medical diagnosis or certificate <input type="checkbox"/> 4. Hospitalization documentation with attached medical diagnosis statement or discharge summary <input type="checkbox"/> 5. Others: _____		<input type="checkbox"/> 1. Original receipts of expenses and itemized list of expenses <input type="checkbox"/> 2. Medical diagnosis or certificate <input type="checkbox"/> 3. Hospitalization documentation with attached medical diagnosis statement or discharged case history abstract *Please attach translations of the foreign documents if not in Chinese or English. <input type="checkbox"/> 4. One Photocopy of documents verifying departure and arrival (passport copy and ROC exit and entry stamps) <input type="checkbox"/> 5. Other: the original copy notarized by a notary public in China of the receipt and a certificate of diagnosis (Hospitalization in China greater than or equal to 5 days)				<input type="checkbox"/> 1. Those who agree to allow the insurer to calculate the amount of the nuclear refund costs <input type="checkbox"/> 2. Original receipts of expenses and itemized list of expenses <input type="checkbox"/> 3. Others: _____		
	<input type="checkbox"/> 1. Underage need household register copy		<input type="checkbox"/> 2. Death inheritance statement and death certificate and successor identity proofing document						
⑧ Applicant's signature	In order to help the review of my application, I <input type="checkbox"/> approve <input type="checkbox"/> disapprove the Insurer to retrieve my medical records created by the medical institutions in Taiwan. If I disapprove the aforementioned, I shall submit my medical records required to the Insurer by myself.								
	<input type="checkbox"/> 1. The insured Signature: _____		<input type="checkbox"/> 2. Legal agent/successor Signature: _____		<input type="checkbox"/> 3. Correctional Office Signature: _____				
⑨ Letter of Authorization	I, _____, can't reimbursements address in person, hereby authorized _____, to apply/transact on my behalf.								
	Trustor Signature _____								
	Proxy Signature(need identity card copy) _____		phone _____ (Relationship with trustee Signature _____)						

Filling date:

y/

m/

d/

Form edited date : 2023/04

Instructions for NHI Reimbursement Application Form

1. Please note:

- (1) According to National Health Insurance Law No.81: People having dishonest behavior or using fake proofs, documents or statement to apply for reimbursement, will be penalized with a fine which is 2 to 20 times higher than the reimbursement. Those involve punishments, will be brought to justice.
- (2) The group insurance unit is able to make copies of the application form for its needs, or may request forms from a Bureau of National Health Insurance (BNHI) branch.
- (3) People over 18 years old having the capacity to make juridical acts must submit an application for themselves, and may not designate a receiver. Statutory agents must apply on behalf of people under 18 years old and attach personal identification documents. Statutory successors may apply if the original person has died; the heir must attach personal identification documents and a statement.
- (4) Please fill in the accurate address in Taiwan, in order to get the notification.
- (5) Please prepare original-expenses receipts, itemized-expenses lists, medical diagnoses or other documentary proves if you received medical aids in local clinic or hospital in foreign area while facing an unexpected emergency, particular illness, or parturition. If you are the case with hospitalization, discharge summary is additionally needed.
- (6) From April 1, 2010 (date of discharge), when the insured apply for reimbursement of hospitalization in China over 5 days (5 days are also included), and for original copies of receipts of medical fees as well as diagnoses which are identified by BNHI to be verified necessarily, the insured must have the documents notarized in notary office of China, hand in acknowledgement to Straits Exchange Foundation (**Contact number: 02-25335995 /Website: <http://www.sef.org.tw>**) to apply for verifying to finish notary documents, and can finally get permitted to the reimbursement. Only are itemized list and discharge summary not needed to be notarized.
- (7) The insured who did not attach complete documents should hand in the lack ones within two months starting from receiving the notification. If it is necessary, the time period can only be extended once. When the time comes, the audited documents cannot be changed.

2. Necessary conditions: ***An insured may apply for the reimbursement in any of the following situations**

- (1) In Taiwan, due to an emergency or parturition, the insured received emergency treatments at non-NHI contracted clinics or hospitals nearby.
- (2) In foreign area, an unexpected emergency, particular illness, or parturition forced the insured to seek local clinics or hospitals for medical aid.
- (3) During the temporarily non-payment period, the insured received medical treatments or parturition in NHI contracted clinics or hospitals and has already paid the insurance fee.
- (4) When the insured received medical treatment or parturition in NHI contracted clinics or hospitals, he or she prepaid medical expenses due to reasons not attributable to the insured.
- (5) According to National Health Insurance Law No.47: Yearly hospitalization copayment exceeds the upper bound regulated by the authorities.

3. Dealing agencies:

- (1) In case meeting the conditions of Subparagraph 1, 3 and 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 case meeting the conditions of Subparagraphs 2 of Paragraph 2 above, please submit an application to the BNHI branch with jurisdiction over the place of the group insurance unit.
- (3) In case meeting the conditions of Subparagraphs 5 of Paragraph 2 above, please submit an application to the BNHI branch with jurisdiction over the place of the first hospital or clinic where you received the treatment.

4. **Standards of the reimbursement:** The insurer shall process refunds in accordance with NHI Medical Expense Review and Payment Regulations and the National Health Insurance Regulation of NHI prepaid Medical Expenses Reimbursement.

5. **Ways of reimbursement:** After approval of the expenses, the BNHI branch will mail a check or remit the payment to the account of the insured, their statutory agents or statutory successors.

6. 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., Zhongzheng Dist., Taipei City 100008, Taiwan (R.O.C.)	Taipei/ NewTaipei /Ilan/Keelung/ Kinmen/Matsu	(02)2191-2006
Northern Region Branch	No.252, Sec. 3, Zhongshan E. Rd., Zhongli Dist., Taoyuan City 320216, Taiwan (R.O.C.)	Taoyuan/Hsinchu/Miaoli	(03)433-9111
Central Region Branch	No.66, Shizheng N. 1st Rd., Xitun Dist., Taichung City 407666, Taiwan (R.O.C.)	Taichung/Changhua/Nantou	(04)2258-3988
Southern Region Branch	No.96, Gongyuan Rd., West Central Dist., Tainan City 700203, Taiwan (R.O.C.)	Yunlin/Chiayi/Tainan	(06)224-5678
Kao-Ping Branch	No.259, Zhongzheng 4th Rd., Qianjin Dist., Kaohsiung City 801663, Taiwan (R.O.C.)	Kaohsiung/Pingtung/Penghu	(07)231-5151
Eastern Region Branch	No.36, Xuanyuan Rd., Hualien City, Hualien County 970009, Taiwan (R.O.C.)	Hualien/ Taitung	(03)833-2111

7. If the category of reimbursement relate to occupational disease or occupational injury, you will have to mail the complete documents to Labor Insurance Bureau for applying the reimbursement. Please send the complete documents to the Labor Insurance Bureau.

(Contact number : 02-23961266 /Address : No.4, Sec.1, Roosevelt Rd., Zhong Zheng Dist, Taipei City)

8. If the insured are willing to check the application progress online, please go to our consulting system.