

Title:

National Health Insurance Operational Notice for Amortization of Arrears Payment  
(May 20, 2013)

- I. This Notice is established by the Insurer to assist contracted medical care institutions which are unable to pay arrears in one tranche or subjects who are not eligible for National Health Insurance (hereinafter referred to as NHI) in handling matters related to the amortization of payment.
- II. The term “arrears” used in this Notice includes the payable arrears of contracted medical care institutions confirmed in accordance with National Health Insurance Act (hereinafter referred to as the Act) and related regulations, as well as the medical expenses that shall be recovered from those who use NHI-covered medical resources without NHI eligibility.
- III. Principle of amortization:
  - (I) Eligible subjects:
    1. Contracted medical care institutions with arrears confirmed to be more than the monthly average of claimed medical expenses three months prior to the Insurer's confirmation (for those which no longer has contractual relationship) or the last three months (for those still within the contract term) in accordance with the Act and related regulations.
    2. Subjects without NHI eligibility and in arrear of medical expenses amounting to NT\$10,000 (inclusive) or more.
    3. Contracted medical care institutions under respective Departments of the Global Budget System whose fees payable for each point are reviewed and calculated in accordance with Article 62 of the Act, and whose medical expenses in arrears after the amount for each benefit point in monthly payment/temporary payment is calculated in accordance with Article 6, Paragraph 1, Subparagraph 4 and Article 12, Paragraph 2 of the National Health Insurance Regulations Governing the Claim and Payment of Benefits and the Review of Medical Services, reach 40% of the average of benefit points claimed in the past three months, and have special difficulties in paying the amount.
  - (II) To apply for amortization, the application form shall be filled out and the first installment shall be paid.
  - (III) The number of installments may not exceed 6 in principle. However, in cases of massive arrears or extraordinary circumstances, up to 12 installments may

be permitted. The duration for each installment may not exceed one month.

- (IV) Contracted medical care institutions shall pre-issue bank bills for reserve for each installment after the first.
- (V) Any overdue or uncleared installment shall result in all installment being treated as due, in which case the amortization shall be canceled, and the collection or claiming of arrears shall be implemented in accordance with relevant regulations.
- (VI) Interest shall be added to the amortization amount based on the statutory interest rate stipulated in the Civil Code.
- (VII) Except for arrears that have been referred to the claimant or when deemed necessary for valid reasons, the same arrears shall in principle not be amortized in two (inclusive) or more amortization cases.

IV. Application method and required documents are explained as follows:

- (I) Application method: Contracted medical care institutions with arrears or subjects without NHI eligibility shall apply with the Insurer by themselves.
- (II) Required documents:
  1. Amortization application form (see Appendix 1).
  2. The applying contracted medical care institution shall bring the national ID card (original or photocopy) and seal of the responsible medical staff as well as the seal of the contracted medical care institution. Subjects without NHI eligibility but with arrears shall bring their national IDs (original or photocopy) and seals.
  3. Amortization bank bills pre-issued by the contracted medical care institution for reserve.
  4. Those who are not applying by themselves must provide the assignment form (see Appendix 2) and the national ID card (original or photocopy), seals and other relevant identifications of the assigner and the assignee.
  5. Documentary proof of the first installment.

V. Those who apply for the amortization shall do so in accordance with the following regulations:

- (I) If a contracted medical care institution has a contractual relationship with the Insurer, it may continue to implement NHI medical care services in accordance with the contract.
- (II) Contracted medical care institutions which are currently within the duration of the contracts shall receive monthly payments or temporary payments of medical expense benefits with payable amounts of installment deducted.

- (III) Contracted medical care institutions which have terminated contractual relationship with the Insurer shall cease to receive payments or temporary payments of benefits for unpaid medical expenses within the scope of arrears.
- (IV) Subjects without NHI eligibility: The Insurer's underwriting units shall implement insurance certificate management in accordance with relevant regulations of the NHI.

VI. Below are the principles for handling one (inclusive) or more overdue installments from those who are permitted by the Insurer to amortize payment:

- (I) For failure to pay any installment on time, the Insurer shall suspend payment or temporary payment of benefits within the scope of the amount in arrears.
- (II) For those with records of default in amortization, their re-application for amortization shall be rejected. However, those with special reason may be permitted to amortize again, but for no more than one time.

VII. The principles of amortization bill control and management are explained as follows:

- (I) The number of bank bills pre-issued by contracted medical care institutions are limited to one per period. The same principle applies to bill exchange.
- (II) When requesting the exchange of bills of the same installment for certain reasons, the contracted medical care institution may agree to exchange one bill for one bill for no more than two times. In addition, the maturity date of the exchanged bill shall not exceed 30 days from that of the original bill.

**Appendix 1-1**

National Health Insurance Application Form for Amortization of Medical Expense Arrears Payment (for Contracted Medical Care Institutions)

Due to \_\_\_\_\_ (reason), the Applicant \_\_\_\_\_ hereby promises to pay medical expenses in arrears totaling NT\$\_\_\_\_\_ (including interest calculated based on the interest rate as specified in the Civil Code) in the following method of amortization. Failure to pay any installment on time will result in all installments being treated as mature, in which case the Applicant is willing to receive disciplinary actions such as prosecution and suspension of medical expense benefits or temporary payments by the Insurer with no objection.

To be amortized in \_\_\_\_ installments:

Installment	Payable amount for each installment		Payment method	Payment due date	Bill amount	Bill No.	Bill maturity date
	Principal	Interest					

Respectfully submitted to,  
The National Health Insurance Insurer

Applicant:

Contracted medical care institution code:

Contracted medical care institution name: (Seal of the institution)

Contracted medical care institution address:

Full name of responsible medical staff:

National ID number of responsible medical staff:

Household address:

Contact address:

Telephone:

Cellphone:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)

**Appendix 1-2**

National Health Insurance Application Form for Amortization of Medical Expense Arrears Payment (for those without NHI eligibility)

Due to \_\_\_\_\_ (reason), the Applicant \_\_\_\_\_ hereby promises to pay medical expenses in arrears totaling NT\$\_\_\_\_\_ (including interest calculated based on the interest rate as specified in the Civil Code) in the following method of amortization. Failure to pay any installment on time will result in all installments being treated as mature, in which case the Applicant is willing to accept prosecution with no objection.

To be amortized in \_\_\_\_ installments:

Installment	Payable amount for each installment		Payment method	Payment due date	Bill amount	Bill No.	Bill maturity date
	Principal	Interest					

Respectfully submitted to,  
The National Health Insurance Insurer

Applicant:

National ID number:

Household address:

Contact address:

Telephone:

Cellphone:

\_\_\_\_/\_\_\_\_/\_\_\_\_ (yyyy/mm/dd)

**Appendix 2**

No. \_\_\_\_\_

National Health Insurance Assignment Form for Amortization of Medical Expense  
Arrears Payment

- I, \_\_\_\_\_, for reasons that render me unable to apply for amortization on my own, hereby assign \_\_\_\_\_ to apply on my behalf.

Respectfully submitted to,

The National Health Insurance Insurer

**Assigner:** \_\_\_\_\_ (Signature or seal)

▪ Assigner's national ID number:

▪ Assigner's household address:

\_\_ F, No. \_\_, Aly \_\_, Ln. \_\_, Sec. \_\_, \_\_\_\_\_ Rd./St., \_\_\_\_\_ Neighborhood,  
\_\_\_\_\_ Vil., \_\_\_\_\_ Dist./Township, \_\_\_\_\_ City/County

▪ Assigner's contact address

\_\_ F, No. \_\_, Aly \_\_, Ln. \_\_, Sec. \_\_, \_\_\_\_\_ Rd./St., \_\_\_\_\_ Neighborhood,  
\_\_\_\_\_ Vil., \_\_\_\_\_ Dist./Township, \_\_\_\_\_ City/County

▪ Assigner's telephone: (Office) \_\_ - \_\_\_\_\_ (Home) \_\_ - \_\_\_\_\_

Assigner's mobile phone: \_\_\_\_\_

▪ Medical care institution code: \_\_\_\_\_

▪ Medical care institution name: \_\_\_\_\_ (Seal of the institution)

▪ National ID number of responsible medical staff:

▪ Household address of responsible medical staff:

\_\_ F, No. \_\_, Aly \_\_, Ln. \_\_, Sec. \_\_, \_\_\_\_\_ Rd./St., \_\_\_\_\_ Neighborhood,  
\_\_\_\_\_ Vil., \_\_\_\_\_ Dist./Township, \_\_\_\_\_ City/County

▪ Contact address of responsible medical staff

\_\_ F, No. \_\_, Aly \_\_, Ln. \_\_, Sec. \_\_, \_\_\_\_\_ Rd./St., \_\_\_\_\_ Neighborhood,  
\_\_\_\_\_ Vil., \_\_\_\_\_ Dist./Township, \_\_\_\_\_ City/County

▪ Contact number of responsible medical staff: (Office) \_\_\_ - \_\_\_ (Home) \_\_\_ - \_\_\_

Mobile phone number of responsible medical staff: \_\_\_\_\_

**Assignee:** \_\_\_\_\_ (Signature or seal)

▪ National ID number:

▪ Household address:

\_\_\_ F, No. \_\_\_, Aly \_\_\_, Ln. \_\_\_, Sec. \_\_\_, \_\_\_\_\_ Rd./St., \_\_\_\_\_ Neighborhood,  
\_\_\_\_\_ Vil., \_\_\_\_\_ Dist./Township, \_\_\_\_\_ City/County

▪ Contact address:

\_\_\_ F, No. \_\_\_, Aly \_\_\_, Ln. \_\_\_, Sec. \_\_\_, \_\_\_\_\_ Rd./St., \_\_\_\_\_ Neighborhood,  
\_\_\_\_\_ Vil., \_\_\_\_\_ Dist./Township, \_\_\_\_\_ City/County

▪ Telephone: (Office) \_\_\_ - \_\_\_ (Home) \_\_\_ - \_\_\_

Cellphone: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ (yyyy/mm/dd)

Please attach photocopy of national ID here

Photocopy of assigner's national ID (front)

Photocopy of assigner's national ID (back)

Please attach photocopy of national ID here