Attachment 1

Dispute Mediation Petition for Medical Expenditure of National Health Insurance

Date of receiving：　　Acceptance No.：　　Page：

The name and code of the medical care institution			
Re-check documents approved by insurer	Outpatient or Inpatient Medical Expenditure Case	re-check documents approved by insurer Date：(YY/MM/DD) No.：	Date of receiving
	Pre-Review Case	Date of evaluation by insurer： Acceptance No.：	(YY/MM/DD)
Claim	□Outpatient □Inpatient □Pre-Review	Date of expenditure: YY MM	

Total____cases in the case list (please fill in the sequence of specialty and then serial number, and continue on next page if insufficient space provided)

No.	Serial No.	Name	Specialty	No.	Serial No.	Name	Specialty

The petition and case details are filled in accordance with instruction National Health Insurance Dispute Mediation Regulations and all related information as evidences for depute items are attached. Please review the case submitted. If it is necessary to postponed the mediation, □agree □disagree (it will be deemed as agree without item checked) to skip the notice otherwise to save the resources.

Seal of medical care institution：　　Seal of the medical personnel in charge：

Address of medical care institution：　　e-mail：

Tel and contact：　　Fax：

Date of Application：