

Table attached to Article 5: Documents which are required to be submitted when an application for reimbursement of medical expenses is made

Beneficiary who meets the requirement set forth in Article 55 of the Act	Beneficiary (application is made by the beneficiary himself/herself or another person appointed by the beneficiary)	Beneficiary has no capacity or limited capacity to make juridical acts (the beneficiary's guardian should make the application)	Beneficiary is dead (the beneficiary's legal heir should make the application)	Note
<ol style="list-style-type: none"> 1. Have received medical service from a non-contracted medical care institution within the Taiwan area; 2. Have received medical service from a contracted medical care institution or a non-contracted medical care institution (within the Taiwan area) during the period when benefit payment is suspended. 	<ol style="list-style-type: none"> 1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses; 3. Certificate of diagnosis or supporting document; 4. Discharge medical record abstract in the case of inpatients; 5. Identification document and supporting document to prove his/her dates of departure and return of the voyage in question in the case of ocean-going sailors. <p>Note: Where a beneficiary appoints another person to make the application on his or her behalf, or a beneficiary is not within the territory of the Republic of China, an authorization form and a copy of the appointee's national identification card</p>	<ol style="list-style-type: none"> 1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses; 3. Certificate of diagnosis or supporting document; 4. Discharge medical record abstract in the case of inpatients; 5. Identification document and supporting document to prove his/her dates of departure and return of the voyage in question in the case of ocean-going sailors; 6. A copy of the household certificate or supporting document for the guardian. 	<ol style="list-style-type: none"> 1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses; 3. Certificate of diagnosis or supporting document; 4. Discharge medical record abstract in the case of inpatients; 5. Identification document and supporting document to prove his/her dates of departure and return of the voyage in question in the case of ocean-going sailors; 6. Written declaration made by the legal heir; 7. Death certificate; 8. Identification document of the applicant. 	In the event that the originals of the medical expenses receipt and itemized statement of medical expense are lost or used for any other purpose, copies of such receipt and statement affixed with the seal of the original contracted medical care institution to prove their consistence with the originals, and a written declaration specifying the cause for the non-submission of the originals should be submitted.

	shall be submitted.			
1. Have received medical service from outside the Taiwan area; 2. Have received medical service from a non-contracted medical care institution (outside the Taiwan area) during the period when benefit payment is suspended.	1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses; 3. Certificate of diagnosis or supporting document; 4. Discharge medical record abstract in the case of inpatients; 5. Identification document and supporting document to prove his/her dates of departure and return of the voyage in question in the case of ocean-going sailors; 6. A copy of supporting document to prove the exit and entry in question or certificate issued by the entity with which the beneficiary is employed. Note: Where a beneficiary appoints another person to make the application on his or her behalf, or a beneficiary is not within the territory of the Republic of China, an authorization form	1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses; 3. Certificate of diagnosis or supporting document; 4. Discharge medical record abstract in the case of inpatients; 5. Identification document and supporting document to prove his/her dates of departure and return of the voyage in question in the case of ocean-going sailors; 6. A copy of supporting document to prove the exit and entry in question or certificate issued by the entity with which the beneficiary is employed; 7. A copy of the household certificate or supporting document for the guardian.	1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses; 3. Certificate of diagnosis or supporting document; 4. Discharge medical record abstract in the case of inpatients; 5. Identification document and supporting document to prove his/her dates of departure and return of the voyage in question in the case of ocean-going sailors; 6. A copy of supporting document to prove the exit and entry in question or certificate issued by the entity with which the beneficiary is employed; 7. Written declaration made by the legal heir; 8. Death certificate; 9. Identification document of the applicant.	1. In the event that the originals of the medical expenses receipt and itemized statement of medical expense are lost or used for any other purpose, copies of such receipt and statement affixed with the seal of the original contracted medical care institution to prove their consistence with the originals, and a written declaration specifying the cause for the non-submission of the originals should be submitted. If there is difficulty to affix the seal to a copy of the receipt, the affixation of the seal may be exempted. Notwithstanding, a written declaration specifying the cause for the non-submission of the original is required to be submitted. 2. In the event that the originals of medical expenses receipt, itemized statement of medical expenses, certificate of diagnosis or supporting documents is in any foreign language other than English, Chinese translations shall

	and a copy of the appointee's national identification card should be submitted.			also be submitted.
Have received medical service from a contracted medical care institution; and the self-advanced expense is non-attributable to the beneficiary.	<ol style="list-style-type: none"> 1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses; 3. Identification document and supporting document to prove his/her dates of departure and return of the voyage in question in the case of ocean-going sailors. <p>Note: Where a beneficiary appoints another person to make the application on his or her behalf, or a beneficiary is not within the territory of the Republic of China, an authorization form and a copy of the appointee's national identification card should be submitted.</p>	<ol style="list-style-type: none"> 1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses; 3. Identification document and supporting document to prove his/her dates of departure and return of the voyage in question in the case of ocean-going sailors; 4. A copy of the household certificate or supporting document for the guardian. 	<ol style="list-style-type: none"> 1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses; 3. Identification document and supporting document to prove his/her dates of departure and return of the voyage in question in the case of ocean-going sailors; 4. Written declaration made by the legal heir; 5. Death certificate; 6. Identification document of the applicant. 	In the event that the originals of the medical expenses receipt and itemized statement of medical expense are lost or used for any other purpose, copies of such receipt and statement affixed with the seal of the original contracted medical care institution to prove their consistence with the originals, and a written declaration specifying the cause for the non-submission of the originals should be submitted.
The accumulated annual co-payment of inpatient medical expenses exceeds the stipulated upper limit.	<ol style="list-style-type: none"> 1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses. However, they are not required 	<ol style="list-style-type: none"> 1. Application for reimbursement of medical expenses; 2. The original of medical expenses receipt and itemized statement of medical expenses. However, they are not required 	<ol style="list-style-type: none"> 1. Application for reimbursement of medical expense; 2. The original of medical expenses receipt and itemized statement of medical expenses. However, they are not required 	In the event that the originals of the medical expenses receipt and itemized statement of medical expenses are lost or used for any other purpose, copies of such receipt and statement affixed

	<p>to be attached if the beneficiary agrees to have the insurer directly calculate the expense reimbursement amount.</p> <p>Note: Where a beneficiary appoints another person to make the application on his or her behalf, or a beneficiary is not within the territory of the Republic of China, an authorization form and a copy of the appointee's national identification card should be submitted.</p>	<p>to be attached if the legal representative agrees to have the insurer directly calculate the expense reimbursement amount;</p> <p>3. A copy of the household certificate or the certificate documents of the legal representative.</p>	<p>to be attached if the legal heir agrees to have the insurer directly calculate the expense reimbursement amount;</p> <p>3. Written declaration made by the legal heir;</p> <p>4. Death certificate;</p> <p>5. Identification document of the applicant.</p>	<p>with the seal of the of the original contracted medical care institution to prove their consistence with the originals, and a written declaration specifying the cause for the non-submission of the originals should be submitted.</p>
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