

Attachment: List of Documents Required for Medical Care Institutions Applying for National Health Insurance Contracts

| Institutions Documents | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|---------------------------|--|---|--|---|---|---|---|---|---|---|---|
| | Hospital and clinic | Pharmacy | Medical laboratory | Radiological medical institution | Physical therapy clinic | Occupational therapy clinic | Licensed home-care nursing institution | Home-care nursing institution | Midwifery institution | Mental rehabilitation institution | Home respiration care institution |
| 1 | Application form | | | | | | | | | | |
| 2 | ID of responsible medical personnel (person) | | | | | | | | | | |
| 3 | Status credential(s) of the responsible physician Business operation permit and the practicing license of the responsible person | | | | | | | | | | |
| 4 | Except for a newly established hospital, hospitals applying for operating the hospital care activities shall submit the relevant certificates evidencing the rated grade of the applicant hospital. | | | Certificates for radioactive material and equipment capable of producing ionizing radiation | | | | | | | |
| 5 | Practicing license and ID of the medical care personnel employed by the applicant, and the practicing seniority certificate of the relevant responsible medical care personnel of the applicant duly recognized by the competent health authority, and | Practicing licenses and ID of pharmacists employed by the applicant | Practicing licenses and ID of medical examiners employed by the applicant; practicing licenses and ID for radiologists or radiological technicians | Practicing licenses and ID of radiologists or radiological technicians employed by the applicant; | Practicing licenses and ID of physical therapists employed by the applicant | Practicing licenses and ID of occupational therapists employed by the applicant | Practicing licenses and ID of medical personnel employed by the applicant | Practicing licenses and ID of medical personnel employed by the applicant | Practicing licenses and ID of medical personnel employed by the applicant | Practicing licenses and ID of medical personnel employed by the applicant | Practicing licenses and ID of medical personnel employed by the applicant |

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| | conforming to the relevant requirements set out in these Regulations | | employed by the applicant for the radiological department | practicing licenses and ID for medical examiners or technicians employed by the applicant for the medical examination laboratory | | | | | | |
| 6 | A bank account opened at a financial institution under the name of the responsible physician and the medical care institution filing the application. If the applicant is a medical care institution organized in the form of a juristic person, the said bank account shall be opened under the name of the institution. If the applicant is a public | A bank account opened at a financial institution under the name of the responsible pharmacist or pharmaceutical technician and the medical care institution filing the application | A bank account opened at a financial institution under the name of the responsible medical examiner or technician and the medical care institution filing the application | A bank account opened at a financial institution under the name of the responsible radiological technologist or radiological technician and the medical care institution filing the application | A bank account opened at a financial institution under the name of the responsible physical therapist and the medical care institution filing the application | A bank account opened at a financial institution under the name of the responsible occupational therapist and the medical care institution filing the application | A bank account opened at a financial institution under the name of the responsible person and the medical care institution organized in the form of a juristic person, the said bank account shall be opened under the name of the institution. If the applicant is a public medical care institution, the said bank account shall be opened under the name of the institution or of the exclusive holder of an exchequer | A bank account opened at a financial institution under the name of the responsible midwife and the medical care institution filing the application | A bank account opened at a financial institution under the name of the responsible person and the medical care institution filing the application. If the applicant is a medical care institution organized in the form of a | A bank account opened at a financial institution under the name of the responsible person and the medical care institution filing the application. If the applicant is a medical care institution organized in the form of a |

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| | medical care institution, the said bank account shall be opened under the name of the institution or of the exclusive holder of an exchequer account. | | | | | | | | juristic person, the said bank account shall be opened under the name of the institution. If the applicant is a public medical care institution, the said bank account shall be opened under the name of the institution or of the exclusive holder of an exchequer account. | juristic person, the said bank account shall be opened under the name of the institution. If the applicant is a public medical care institution, the said bank account shall be opened under the name of the institution or of the exclusive holder of an exchequer account. |
| 7 | A payment transfer account data card set up with Post Office | | | | | | | | | |
| 8 | A tax withholding agency incorporation (alteration) registration application | | | | | | | | | |
| 9 | Purchase certificates of relevant computer equipment used for registering insurance certificates and a safety module application form | | | | | | | | | |
| 10 | Other relevant documents as required for filing a contracted medical care institution qualification application | | | | | | | | | |