|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department | \* | Ward | \* | ID | \* |

Admittance Application

I am currently applying for admittance after sufficiently understanding the explanation provided by the hospital. I will observe the hospital's rules and treatment instructions after admittance. My guarantor will communicate/consult with the hospital in case of emergency and will express my intentions on my behalf. Additionally, in co-signing with my joint-guarantor, I agree to pay my fees without delay as instructed by the hospital.

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Patient (self) | Current address |  | |
| Name |  | Phone number |
| Date of birth | (YYYY) (MM) (DD) (Age: ) | |
| Workplace | Company name  Company address Phone number | |

|  |  |  |  |
| --- | --- | --- | --- |
| Guarantor | Current address |  | |
| Name |  | Phone number |
| Relationship with patient | Spouse ▪ Parent ▪ Child ▪ Sibling ▪ Grandchild ▪ Grandparent  ▪ Other ( ) | |

(Note) The guarantor will communicate/consult with the hospital in case of emergency, will pick up you during discharge, and will express your intentions on your behalf when it is difficult for you to do so.

|  |  |  |  |
| --- | --- | --- | --- |
| Joint-guarantor | Current address |  | |
| Name |  | Phone number |
| Relationship with patient |  | |
| Workplace | Company name  Company address Phone number | |
| Maximum amount | 200,000 yen (for hospitalizations of 3 months or less) | |

(Note) The joint-guarantor is a person who is separate from your household and who has an independent livelihood who is jointly liable for your hospitalization fees and other fees up to the maximum amount. Understand that this person will be contacted for confirmation.

To Director of Azumino Red Cross Hospital

* Be sure to read the "Requests for filling out this form" on the reverse.
* After this is filled out, promptly submit it to 1st-floor general reception (weekdays 8:30 am to 5:00 pm) or the 1st-floor emergency outpatient counter if during off-hours.
* For inquiries, contact the hospital admittance staff in 1st-floor general reception weekdays 8:30 am to 5:00 pm.

(Requests for filling out this form)

1. When applying for admittance, if it is difficult for you to provide consent based on your condition, your guarantor can provide consent on your behalf (if you are a minor, this will be your legal guardian).
2. The guarantor will pick you up when you are discharged or transferred, and they will communicate/consult with the hospital in case of emergency.
3. Choose a joint-guarantor who is not a part of your household and who has an independent livelihood.
4. The maximum amount guaranteed by the joint-guarantor was set in a revision to the civil code on April 1, 2020. For hospitalizations of up to 3 months, the maximum guaranteed amount is set at 200,000 yen. If you are hospitalized for more than 3 months, the maximum amount for the joint-guarantor will be revised.
5. If there are any changes to these details, promptly notify us.
6. Do not write anything in the field with an asterisk (\*).

(Handling of personal information)

Your personal information may be used for the name placard for your room or bed and for when visitors come to the hospital. Let us know if you do not agree. If you do not agree, this will not have an effect on your ability to receive appropriate medical treatment as normal.

<Inquiries>

5685 Toyoshina, Azumino,

Nagano 399-8292

Azumino Red Cross Hospital

Contact: Hospital admittance staff,

Medical Affairs Division

TEL: 0263‐72‐3170

Hours: Weekdays 8:30 am to 5:00 pm