

To: NIPPON LIFE INSURANCE COMPANY

ATTENDING PHYSICIAN'S STATEMENT (PROOF OF HOSPITALIZATION / SURGERY, OPERATION)



Form with 10 main sections: 1. Patient's Name, 2. Name of Disease / Injury for Treatment, 3. In Case of Malignant Neoplasm, 4. In Case of Acute Myocardial Infarction, 5. In Case of Stroke, 6. Period of Medical Treatment, 7. Surgical Operations, 8. Radiotherapy, 9. Treatment Received As Outpatient, 10. Ability to Claim.

Please sign on each one of the duplicate copies of the original.

Date: month / day / year

(Signature)

Request to Attending Physician

Completing Medical Certificate (Attending Physician's Statement)

Information under Sections 3 through 5 and Section 7 in the medical certificate form is especially important for us (Nippon Life Insurance Company) to accurately make payment in the correct amounts of insurance claims / benefits to the patient.

Please be sure to also complete Sections 3, 4, 5 and 7 if a surgical operation is performed on the patient, or in case of malignant neoplasm / intraepithelial neoplasm, acute myocardial infarction (excluding angina) or stroke.

Example

(This is a sample, fictitious case, of completed medical certificate.)

Medical Certificate (Attending Physician's Statement) for Hospitalization / Operation

To: NIPPON LIFE INSURANCE COMPANY

ATTENDING PHYSICIAN'S STATEMENT (PROOF OF HOSPITALIZATION / SURGERY, OPERATION)



1. Patient's Name	Hanako Nissei	Chart No.		Sex	Male <input type="radio"/> Female	Date of Birth	01 / 01 / 2023
(a) Cause of the above (a) (e.g. illness, injury), if known	Metastatic brain tumor	Onset Date of Disease / Injury	3 / / 2023	In Case of Injury: If any of the following items apply, indicate the name of disease / injury in the field under Section 2(a). Fracture: *Excluding pathological fracture (osteoporosis fracture). Dislocation of Joint: *Excluding congenital / recurrent / habitual dislocation and meniscus injury / rupture. Tendon Rupture: *Excluding ligament rupture / injury.			
(b) Cause of the above (a) (e.g. illness, injury), if known	Breast cancer	Onset Date of Disease / Injury	Not specified				
(c) Treated disease, injury or complication during hospitalization other than the above (a) and (b)	Myocardial infarction	Onset Date of Disease / Injury	6 / 28 / 2023				
3. In Case of Malignant Neoplasm / Intraepithelial Neoplasm	Has the patient experienced any previous malignant neoplasm / intraepithelial neoplasm before assumed disease / injury?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If "Yes," indicate the name of disease and the time of diagnosis below. (Name of Disease) Gastric cancer (Time of Diagnosis) Around 5 / 2000 month / year		
Date of Definite Diagnosis	4 / 17 / 2023		Has the patient been informed of the malignancy?		<input checked="" type="radio"/> Yes <input type="radio"/> No		
Histopathology	Name of Histopathologic Diagnosis: Adenocarcinoma		Invasive carcinoma / Noninvasive carcinoma / carcinoma in situ		cTNM Staging: T (2) N (1) M (1)		
4. In Case of Acute Myocardial Infarction: For 60 or longer days from the date of the initial consultation (inclusive) following the onset of acute myocardial infarction, was it still necessary to continue limiting the work done by the patient ("limiting the work" here refers to a state whereby the patient can do light work, such as light household or sedentary work, such as clerical work, but restrictions are necessary regarding more demanding activities)? <input type="radio"/> Yes <input checked="" type="radio"/> No							
5. In Case of Stroke: Did / do such "objective, neurological sequelae" as dysphasia, ataxia and paralysis still exist for 60 or longer days from the date of the initial consultation (inclusive) following the onset of stroke? <input type="radio"/> Yes <input checked="" type="radio"/> No							
6. Initial Consultation	04 / 01 / 2023		Previous Physician Referring Institution: <input checked="" type="radio"/> Clinic <input type="radio"/> Hospital		Period of Medical Care: From 3 / 2023 ~ / / 2023		
Period of Hospitalization	1st: 04 / 01 / 2023 ~ 06 / 01 / 2023		2nd: 07 / 01 / 2023 ~ 08 / 10 / 2023		Status: Inpatient / Outpatient / Discharged / Dead		
7. Surgical Operations Performed on the Disease / Injury under Section 2 above (including continuous drainage / ethanol infusion therapy / peritoneal dialysis)							
Operation	1st: Intracranial tumor resection		2nd: Hydrocephalus surgery (shunt surgery)		Date of Operation: 4 / 10 / 2023		
Remarks	If the patient had a 3rd or further operation, indicate the name and date of operation.		Percutaneous coronary intervention 2023 / 09 / 23				
3. Radiotherapy	Irradiation Region: Brain		Total dose (Gy) (Bq)		Period: 07 / 02 / 2023 ~ 07 / 02 / 2023		
Treatment Received As Outpatient	Circle day(s) of ambulatory care or visit for the Disease / Injury under Section 2 above after discharge (including days of house visits and excluding scheduled dates for ambulatory care or visits).						
6 / 2023	Total	2	days	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
8 / 2023	Total	3	days	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
9 / 2023	Total	1	days	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31			
10. Ability to Claim: If the patient is incapable of understanding the meaning of the act to claim insurance claims / benefits and receive it, circle "incapable" here. <input type="radio"/> Incapable							
I hereby certify that the above is true and complete to the best of my knowledge and belief. Date: month / day / year 2023							
Hospital or Clinic: Name: Hospital, Address: Department: Department of, Phone Number: Physician's Name: Taro Seiho, Country: Japan							
(Signature) Taro Seiho							

1. (A) Acute myocardial infarction / angina should be indicated if it is diagnosed based on an ECG.
- (B) Stroke / cerebral aneurysm / transient ischemic attack should be indicated if it is diagnosed based on imaging tests.
- (C) In Section 2 (c), indicate the name of disease / injury requiring hospitalization for treatment.
2. (B) If the onset date of disease / injury (the date of injury / the date when the symptom of disease appears) is unknown, indicate "Not specified" in "mm / dd / yyyy" space.
- (C) In case of injury for treatment / hospitalization, indicate the cause of injury (e.g., a traffic accident or an accidental fall).
- (D) In case of injury under Section 2, circle the appropriate item (i.e. Fracture, Dislocation of Joint or Tendon Rupture).
- (E) In case of a malignant neoplasm / intraepithelial neoplasm, Section 3 must be completed. Fill in "Date of Definite Diagnosis" with the date of definite diagnosis of the current malignant neoplasm / intraepithelial neoplasm.
3. If histopathology is not performed, check and describe other method(s) of diagnosis and its (their) results in the table. (In that case, fill in "Date of Definite Diagnosis" with the date of definite diagnosis from such other method.)
- (F) Circle "Yes" or "No" to indicate whether the patient has been notified of the name of the malignancy. (If "Yes," enter the date of notification.)
- (G) Fill in the date of initial consultation for the disease / injury under Section 2 (a) at your hospital (including consultation at another department in your hospital).
6. (H) Fill in the name of medical institution / duration of care to the best of your knowledge.
8. (I) When filling in the total dose, also circle the appropriate unit ("Gy" or "Bq"). If there are plural irradiation periods, write additional details ("irradiation region / total dose / period) in "Remarks" of Section 7.
9. (J) Fill in and circle the date(s) of any visits of the patient to your hospital for ambulatory care after discharge (excluding scheduled dates for ambulatory care or visits). Please be sure to fill in "Total number of days" for each month.
10. (K) Circle "Incapable" if:
 - The patient is incapable to understand the meaning of the act to claim insurance claims / benefits and receive it.

Explanation of the Items in the Attending Physician's Statement

Item		Explanation and Notes for Guidance	
2	Name of Disease / Injury for Treatment / Hospitalization	Name of Main Disease / Injury for Treatment / Hospitalization is the necessary information to determine whether to pay insurance claims or benefits. Name of disease / injury other than the disease / injury for treatment / hospitalization should be indicated in the field of "Treated disease, injury or complications during hospitalization other than the above (a) and (b)". * If "Fracture," "Dislocation of Joint," or "Tendon Rupture" is treated because of injuries, fill in "Name of Disease / Injury" (e.g., fracture of the right arm) even if hospitalization was not required.	
	Cause of the above (a) (e.g. illness, injury), if known	Disease / injury that caused the main disease / injury for treatment / hospitalization, if any, should be indicated. In case of injuries, the cause of injury (e.g., a traffic accident or an accidental fall) should be indicated.	
	In Case of Hospitalization, Name of Disease / Injury or Complications Other Than (a) and (b) Treated Concurrently	Any concomitant disease / injury or complications during hospitalization that required hospitalization for treatment should be indicated.	
	Onset Date of Disease / Injury	There is an insurance policy (special contract) covering hospitalization / operation for disease / injury that occurred after the start of coverage of the insurance policy. Fill in the onset date of disease / injury (for injuries, the date of injury) to the best of your knowledge.	
	Fracture / Dislocation of Joint / Tendon Rupture	There is an insurance policy (special contract) covering the treatment of "Fracture," "Dislocation of Joint," or "Tendon Rupture" due to injuries. Circle any of the appropriate items: "Fracture"...Including incomplete fracture, and excluding pathological fracture / spontaneous fracture / cartilage fracture. "Dislocation of Joint"...Excluding congenital / recurrent / habitual dislocation as well as meniscus injury / rupture. "Tendon Rupture"...Excluding pathological rupture as well as ligament rupture / injury.	
Malignant Neoplasm / Intraepithelial Neoplasm			
3	Previous Malignant Neoplasm / Intraepithelial Neoplasm	There is an insurance policy (special contract) covering the first malignant neoplasm / intraepithelial neoplasm in the patient's life after the start of coverage of the insurance policy. If the patient has experienced any previous malignant neoplasm / intraepithelial neoplasm before the malignant neoplasm / intraepithelial neoplasm for the current treatment, circle "Yes", and include the name of disease and the time of diagnosis. If the patient has no such previous history, circle "No".	
	Date of Definite Diagnosis	Fill in the date of the first histopathological diagnosis defined based on biopsy, surgical specimens, or other diagnostic examinations. It should be noted that this date is not the date of the biopsy / date of surgery. (If the histopathology is not performed, the date of diagnosis defined based on examinations other than histopathology should be indicated.)	
	Category (Primary / Recurrent / Metastatic)	The amount of benefits to be paid for the operation may differ between primary tumor and metastatic / recurrent tumor. Circle the item that applies to the current malignant neoplasm / intraepithelial neoplasm.	
	cTNM Staging Invasive carcinoma Noninvasive carcinoma Carcinoma in situ	Some policies (special contracts) covering the development of malignant neoplasm do not cover skin cancer (excluding malignant melanoma) or carcinoma in situ / noninvasive carcinoma. Fill in the cTNM stage before the histopathology. In addition, for invasive carcinoma / noninvasive carcinoma / carcinoma in situ, the stage after the histopathology should be indicated.	
	"No" for histopathological diagnosis	If the absence of the histopathological diagnosis, fill in the method(s) of diagnosis and the summary of results. In addition, check and describe previous treatment(s) and future treatment strategy(ies) in the table.	
4-5	Acute Myocardial Infarction / Stroke	There is an insurance policy (special contract) covering the restrictions on work / sequelae persisting for at least a certain period of time due to the disease (i.e. acute myocardial infarction or stroke).	
6	Period of Hospitalization	Third or Further Hospitalization	If the patient had a third or further hospitalization, indicate "Date of admission" and "Date of discharge." In addition, if the patient is an inpatient, add "Currently in hospital". [E.g.] ·04/01/2023 (admitted) to 05/01/2023 (discharged) ·04/01/2023 (admitted) to 05/01/2023 (currently in hospital) If the patient had a number of hospitalizations to the point where the space is not sufficient, a separate sheet may be used to include the information. (In that case, indicate: "A separate sheet is attached", and attach the separate sheet with an official seal/signature on.)
		Outcome <Discharged (including transfer to another hospital) / Inpatient / Discharged Dead / Transferred to Another Department>	There is an insurance policy (special contract) covering "survival to discharge" after hospitalization for a certain period of time. Please be sure to circle the item of the outcome (i.e. Discharged [including transfer to another hospital] / Inpatient / Discharged Dead/ Transferred to Another Department).
8	Radiotherapy	Surgical insurance benefits may be paid for radiotherapy, depending on the duration of irradiation. For gamma knife therapy / Cyberknife as well, this field should be filled in.	
9	Treatment Received as Outpatient	There is an insurance policy (special contract) covering ambulatory care within 120 days from the day of discharge. Any visits to your hospital for ambulatory care due to the disease / injury for hospitalization (excluding scheduled dates for ambulatory care or visits) should be indicated. In addition, please be sure to fill in the total number of days of ambulatory care for each month.	