

[Information and Acknowledgement Form]

If you are a foreign national who is not enrolled in Japan's public health care insurance system and wish to receive medical care at our hospital, you are required to strictly comply with the important notes below. If you do not comply with these notes and other hospital rules, we will be unable to provide medical care at our hospital.

1. Please prepare a patient referral document that contains your medical information we need to provide care, written in Japanese or English, and submit it at the time of your first visit or in advance.
2. A family member or acquaintance must accompany you for outpatient visits and when important explanations about your medical condition are provided. If the accompanying person does not speak Japanese, please arrange an interpreter or bring a device that can provide interpretation using a translation app. During hospitalization, please keep such a device available at all times.
3. At the time of your first visit, please provide us with the contact information of your family member, acquaintance, or other person whom we can reach in case of emergency.
4. If inpatient treatment is required, you may be asked to stay in a private room subject to an additional charge.
5. Medical fees will be calculated in accordance with the Points Table for Medical Fees and will be billed at JPY 30 per point.
6. If you are admitted to the hospital, we will collect, at the time of admission procedures, a deposit of JPY 2,000,000 per admission in addition to your treatment costs. If the total medical fees are less than JPY 2,000,000, the balance will be refunded.
7. Please comply with hospital rules and follow the instructions of hospital staff at all times.

I have reviewed the above and agree to items 1 through 7. Accordingly, I hereby apply for medical care at Kyushu Cancer Center.

Date:

Patient name: _____

Signature: _____

* The signature is not required if the "Patient name" field is completed by the patient.