あなたのくらしと



National Health Insurance Guide



令和 7 年度版 (2025) FY2025 Edition

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新宿区国民健康保険のご案内

Information on Shinjuku City National Health Insurance



新宿区ホームページに、この冊子の電子版を掲載しています。

An electronic version of this booklet is available on the Shinjuku City website, where you can read further details in multiple languages.

https://www.city.shinjuku.lg.jp/kenkou/hoken01_002065.html

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ちゅう ごく ご 中 国 語	国民健康保险简介
ずん こく ご 韓 国 語	국민건강보험의 안내
ネパール語	राष्ट्रिय स्वास्थ्य बीमा जानकारी
ベトナム語	Hướng dẫn về bảo hiểm sức khỏe công dân
ミャンマー語	အမျိုးသားကျန်းမာရေးအာမခံဆိုင်ရာလမ်းညွှန်



multilingual

あなたのくらしと国保 電子版 National Health Insurance Guide Electronic Version

Notice About Shinjuku City National Health Insurance

See the electronic version of this booklet for more details.



Using your Individual Number Card as a health insurance card Inquiries National Health Insurance Eligibility Section

Integrated Individual Number Cards with the National Health Insurance function (Individual Number health insurance cards) have a variety of convenient features including simplifying reception procedures at medical facilities and pharmacies, and allowing you to easily check your medical expenses. You can easily apply for your Individual Number health insurance card through the "Mynaportal" after obtaining your Individual Number Card. Please consider using this function.



[Advantages of the Individual Number health insurance card]

- •Better medical care: Easy access to your past medication records and medical checkup results helps to facilitate appropriate treatment through more accurate prognosis of your physical condition and other possible ailments. Additionally, it allows medical professionals to consider any and all medications that you may be taking, and to adjust their doses accordingly.
- •No application is necessary for exemptions from payments exceeding the maximum copayment amount for high-cost medical care: Through the use of an Individual Number health insurance card, you will automatically be exempt from payments that exceed the maximum copayment amount for high-cost medical care without needing to present a certificate of application for the maximum copayment amount, or any other paperwork.
- From December 2, 2024, National Health Insurance cards (health insurance cards) are no longer issued
 - •Health insurance cards that are valid as of December 1, 2024 may be used until September 30, 2025 at the latest. •From December 2, 2024 onwards, a "National Health Insurance Eligibility Certificate" will be issued to those who do not have Individual Number health insurance cards.

See the Ministry of Health, Labour, and Welfare's website for the latest information on Individual Number health insurance cards. For general inquiries regarding this system, please contact the following number:

Individual Number comprehensive toll-free number (Ministry of Internal Affairs and Communications) 0120-95-0178 (toll-free)

Electronic applications for National Health Insurance

National Health Insurance

Qualification (enrollment) and loss of eligibility (withdrawal) procedures for National Health Insurance are available 24 hours a day, 365 days a year, in principle, from a computer or smartphone.



Procedures can be completed via the "LoGo Form." See the electronic version of this booklet for details.



Delinquency Prevention Inquiries Division

Establishment of a Delinquency Prevention Division

In April 2025, a Delinguency Prevention Division will be established to provide centralized delinguent payment collection services related to National Health Insurance premiums, special ward inhabitants' tax, Tokyo inhabitants' tax, forest environment tax, and light motor vehicle tax (category base). This will consolidate the points of contact for payment consultations.

Establishment of Shinjuku Payment Information Center

The Shinjuku Payment Information Center will be established as part of the Delinguency Prevention Division. In addition to the official opening hours on weekdays, payment consultations will also be accepted on non-business day opening days (in principle, the fourth Sunday of every month). Please consult with this center regarding any difficulties paying National Health Insurance premiums, special ward inhabitants' tax, Tokyo inhabitants' tax, forest environment tax, and light motor vehicle tax (category base).

Shinjuku Payment Information Center contact: (5273) 4311

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I want to know about health checkups, recuperation facilities, etc.

Contact Information

Identification documents

Please bring the following documents with you when completing any type of procedure (documents with expiration dates must not yet have expired)

Individual Number confirmation (not required when applying by mail)

Only one from among these documents is required

- · Individual Number Card
- · Certificate of residence with Individual Number indicated
- · Notification card (on which the address, name, etc., have not been changed or on which changes have been made through the correct procedures)

Identification documents issued by public offices etc. that are approved by Shinjuku City

Only one	Certificate with face photo
from among these documents is required	(Examples) · Individual Number Card · Driver's license · Residence card · Passport · Physical disability certificate · Mental disability certificate, etc.
	Certificate without face photo
Two or more from among these documents are required	(Examples) · National Health Insurance card (health insurance card) issued on or prior to December 1, 2024 · National Health Insurance Eligibility Certificate · Certificate of Loss of Eligibility for Health Insurance · National Health Insurance premium payment notice · Certificate of residence · Long-term care insurance certificate · National pension notebook, basic pension number notification, etc.

- * The following documents are required when procedures are being completed by a proxy:
 - · Certificate of registered information for statutory agent or power of attorney (this form can be downloaded from the Shinjuku City website)
 - Documents confirming the Individual Number of the person on whose behalf the procedures are being completed
 - · Documents confirming the proxy's identity
 - If the power of attorney is in a person's name, copies of documents confirming the identity of the delegating person
- * The "National Health Insurance Eligibility Information Notification" will not be treated as a personal identification document.

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What is National Health Insurance?

See the electronic version of this booklet for more details.



National Health Insurance (NHI) is a system in which all enrollees (insured persons) can receive medical care with peace of mind by making contributions according to their respective incomes and having medical expenses paid from this pool. Insured persons who are sick or injured are entitled to NHI medical care benefits, but heads of households are accordingly obliged to pay insurance premiums.





Persons eligible to enroll in National Health Insurance

Inquiries National Health Insurance Eligibility Section

All residents must enroll in National Health Insurance, except for those eligible for workplace health insurance (corporate health insurance societies, the National Health Insurance Association, etc.) and those on public assistance.

Sole proprietors	Persons who have lost their workplace health insurance due to retirement, etc.	Part-time/temporary workers who are not eligible for workplace health insurance	Foreign nationals who are registered as residents and not eligible for workplace health insurance

^{*}Foreign nationals with periods of stay of 3 months or less, those whose periods of stay have expired, those whose status of residence is "diplomat", and those issued a "designated activities" visa for medical treatment, tourism, recuperation or other purposes are as a general rule not eligible to enroll in National Health Insurance.

Inquiries Elderly Health Division, Medical Care Inquiries System for Senior Citizens Section

See the electronic version of this booklet for more details.

^{*}Persons who have reached 75 years of age (with some exceptions) will be transferred from their existing medical insurance coverage (National Health Insurance or employee insurance) to the Medical Care System for the Advanced Elderly (no application is required).



National Health Insurance Card (Health Insurance Card) • National Health Insurance Eligibility Certificate

Inquiries National Health Insurance Eligibility Section

The health insurance card and National Health Insurance Eligibility Certificate serve as proof of enrollment to be used when receiving medical treatment.

- Health insurance cards that are valid as of December 1, 2024 may be used until September 30, 2025 at the latest.
- From December 2, 2024, health insurance cards are no longer issued. Those who have newly enrolled, those with changes to the information on their health insurance card, etc., will be issued National Health Insurance Eligibility Certificate that can be used at medical facilities, etc., in the same way as a health insurance card, regardless of whether or not they hold an Individual Number health insurance card, as a temporary measure. This National Health Insurance Eligibility Certificate can be used until July 31, 2025, at the latest.
- If you have a health insurance card or National Health Insurance Eligibility Certificate that is currently valid, you will be sent a National Health Insurance Eligibility Certificate that can be used from August 2025 onward if you do not have an Individual Number health insurance card, or National Health Insurance Eligibility Information Notification if you have an Individual Number health insurance card, by no later than July 31, 2025.
- Never lend your health insurance card and/or National Health Insurance Eligibility Certificate to another person (you can be punished under the law if these documents are used illegally).
- If you are 70 to 74 years old, please show a National Health Insurance Eligibility Certificate that states the copayment rate, or your health insurance card, and elderly beneficiary card at the medical facility, etc. If you have an Individual Number health insurance card, you can also use your Individual Number health insurance card to receive medical treatment (see page 29 for details).
- *There is an organ donor declaration of intent space on the back of each health insurance card and a National Health Insurance Eligibility Certificate. For questions and inquiries about organ transplants, please contact the Japan Organ Transplant Network (50.0120-78-1069).
- *The National Health Insurance Eligibility Information Notification is a document that includes basic information related to health insurance eligibility, such as the holder's name, number of insured persons, etc., insurer number and insurer name, and copayment rate, and it can be used to check your own eligibility information. In the event that reception with an Individual Number health insurance card at a medical facility, etc., is difficult for any reason, such as a problem with a facial recognition card reader, insured medical treatment can be obtained without issue by presenting this document along with an Individual Number Card. Insured medical treatment cannot be obtained with the National Health Insurance Eligibility Information Notification alone.







Submission of National Health Insurance notification forms

Notification forms must be submitted within 14 days in these instances!

Please come to the City Office or a special branch office to submit your National Health Insurance notification forms (some procedures may also be completed by mail).

A power of attorney is required if a person other than a member of the same household listed on the certificate of residence is submitting the notification.

Inquiries National Health Insurance Eligibility Section

What you need to apply

- Documents required for procedures (see the table below for details)
- Documents to confirm the Individual Numbers of the submitter or the person on whose behalf the documents are being submitted
- Documents to confirm the submitter's identity *See page 5

	When notification forms are required	Documents required for procedures
	I moved to Shinjuku City *1	Certificate of change of address
When e	I withdrew from my workplace health insurance (You can apply electronically or by mail)	Certificate of loss of eligibility for workplace health insurance (retirement certificate can be used if there are no dependent family members)
enrolling	I no longer receive public assistance (You can apply electronically or by mail)	Public assistance recipient certificate (for single-person households, a notice of a decision to abolish receipt of public assistance can be used instead)
	I have had a child *1	National Health Insurance card and National Health Insurance *2 Eligibility Certificate
×	I will be moving out of Shinjuku City *1	National Health Insurance card and National Health Insurance *3 Eligibility Certificate
When withdrawing	I have enrolled in workplace health insurance, etc. (You can apply electronically or by mail)	One that includes all of the following information: the name of the health insurance society of one's workplace, the date of qualification, and one's number*1 National Health Insurance card and confirmation of eligibility of letter
awing	I now receive public assistance (You can apply electronically or by mail)	National Health Insurance card and National Health Insurance Eligibility Certificate, public assistance recipient certificate
	A National Health Insurance enrollee has died *1	National Health Insurance card and National Health Insurance Eligibility Certificate(it will be collected)

^{*1} Notifications of changes to information on certificates of residence will be accepted at the Family and Resident Registration Division's Resident Registration Section or at corresponding counters at Branch Offices.

Procedures for enrolling and withdrawing from National Health Insurance can be completed via electronic application or by mail (see the electronic version of this booklet for details)







If your enrollment notification form is submitted late

You will be required to pay insurance premiums retroactively (for up to 2 years) from the month when you joined National Health Insurance. In such cases, since no health insurance card and National Health Insurance Eligibility Certificate was issued, all medical expenses paid to medical facilities, etc., during that period are your own responsibility.

If you lose your health insurance card and National Health Insurance Eligibility Certificate

Please bring the identification documents of the person whose card was lost and complete the procedures to have the card reissued at the Medical Insurance and Pension Division or at the corresponding counter of a special branch office. Health insurance cards are no longer issued from December 2, 2024. Accordingly, a National Health Insurance Eligibility Certificate will be issued.



^{*2} If one parent is covered by employee health insurance (social insurance, etc.), please check with the insurer if his/her health insurance can cover the child as a dependent. If the insurance does not accept the child as a dependent, please bring a nonacceptance notification issued by the insurer and complete the appropriate procedures.

^{*3} If you move out of Shinjuku City to attend school elsewhere or are admitted to a long-term care insurance facility, you may be able to continue your coverage under National Health Insurance in Shinjuku City upon application.

^{*4} Examples: National Health Insurance Eligibility Certificate. social insurance eligibility certificate. National Health Insurance Eligibility Information Notification that includes the date of eligibility, a screenshot of the "health insurance card" screen on the Individual Number portal, and workplace health insurance card (issued up to December 1, 2024). Please note, that the portable (card size) National Health Insurance Eligibility Information Notification and "medical insurance eligibility information" screen on the Individual Number portal may not include the date of eligibility. You can apply electronically

Insurance Premiums

See the electronic version of this booklet for more details.



You will be required to pay insurance premiums to provide funds to cover medical expenses when you become sick or injured.

Further details are available in the electronic version of this booklet and in the leaflet enclosed with your insurance premium notice.



How insurance premiums are determined

Inquiries National Health Insurance Eligibility Section

Determining insurance premiums

The insurance premiums for a single year (April to March of the following year) are determined each June, with a notice sent out around the middle of June. Insurance premiums are to be paid in 10 installments between the payment deadlines for June and March of the following year. The payment deadline is the last day of each payment period (or the following business day if the financial institution is closed that day).

	Insurance premiums for one year												
Enrollment month	Apr	May	Jun	Ju	l Aug	Sep	Oct	Nov	Dec	Ja	n	Feb	Mar
Payment periods	1st term (June)	2nd ter (July)			4th term (September)								
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Insurance premiums for 12 months are paid in 10 installments

Changes in insurance premiums

Insurance premiums may change for residents who moved to Shinjuku City on or after January 2 and for persons who withdrew from National Health Insurance during the fiscal year. Notifications will be sent to households whose insurance premiums have changed during the fiscal year, and in such cases, please use the updated payment slips enclosed with the notification when paying premiums.



Time limit for reassessments of insurance premiums

Reassessments of insurance premiums (changes to insurance premiums) cannot be conducted after two years have passed from the day following the first insurance premium payment deadline for the fiscal year in question. Consequently, you may not be able to receive a refund on overpaid insurance premiums. If you have not completed National Health Insurance withdrawal procedures or have not completed the income declaration for previous fiscal years, please do so immediately.

All enrollees in National Health Insurance are insured persons, and they thereby incur insurance premiums. The head of household listed on the certificate of residence is obliged to pay the insurance premiums. Even in the case in which the head of a household has other health insurance and only the other household members are enrolled in National Health Insurance, the head of household is responsible for paying the premiums (a fictitious case for explanatory purposes). For this reason, insurance premium notifications, etc., will be sent to the head of household.



How insurance premiums are calculated

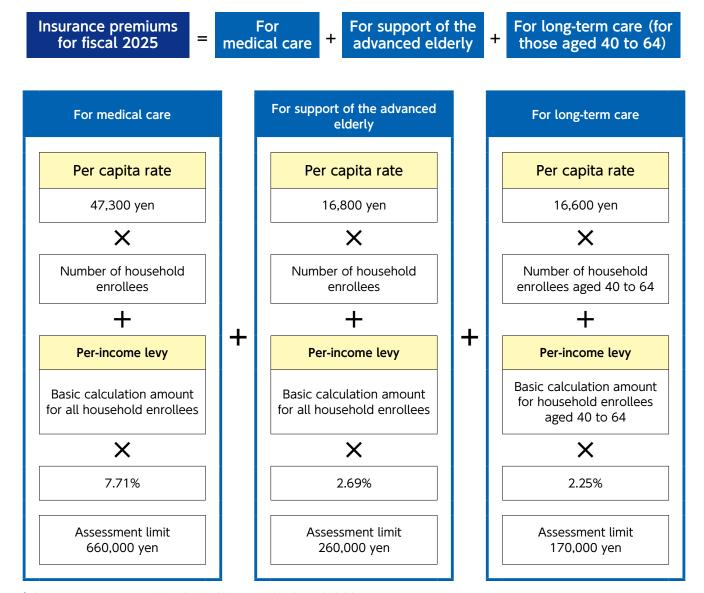
See the electronic version of this booklet for more details.



Inquiries National Health Insurance Eligibility Section

Insurance premiums are calculated per household using the following formula, based on the number of National Health Insurance enrollees, the number of Category 2 long-term care insured persons (National Health Insurance enrollees aged 40 to 64), and the basic calculation amount.

*The basic calculation amount is the total of gross income, timber income, long-term (short-term) capital gains on stocks, etc., minus a basis deduction of 430,000 yen (if total income is 24 million yen or less) (deductions for carryover of casualty losses do not apply). When the basic calculation amount for all household enrollees is less than 0 yen, the insurance premium is calculated as 0 yen.



^{*}The per capita rate is reduced to half for preschool-aged children.

Declaration of residence tax (declaration of income)

The basic calculation amounts for insurance premiums are calculated based on your taxation details for residence tax.

If all members of the household declare their income, they may be eligible for programs that, for example, reduce the per capita rate of their insurance premiums (page 17). Even if you did not have any income during the previous year or are otherwise not legally required to declare your income, please do submit a declaration of your income for the purpose of residence tax calculation.



When exemptions from insurance premiums are available

See the electronic version of this booklet for more details.



Inquiries National Health Insurance Eligibility Section

Reduction of the per capita rate (reduction assessment)

The per capita rate will be reduced for households whose income during the previous year was below a certain level. To be eligible for such a reduction, the previous year's incomes of all enrollees, including the head of household, must be known.

Even if you did not have any income during the previous year or are otherwise not legally required to declare your income, please do submit a declaration of your income for the purpose of residence tax calculation.

- *If the head of household is not enrolled in National Health Insurance but does have income, there may be cases in which the rate will not be reduced.
- *The record date for determining whether a reduction is possible is April 1, 2025 (or the day of enrollment in National Health Insurance for people who have newly enrolled).

• Fiscal 2025 reduction levels

	Reduction rate	Income (gross income, etc., for the previous year)
No. 1 reduction 70%		430,000 yen + (total number of salary or pension income earners — 1) \times 100,000 yen
No. 2 reduction	50%	430,000 yen + (total number of salary or pension income earners — 1) \times 100,000 yen + 305,000 yen \times (number of insured persons in the household and specified members of the same household*)
No. 3 reduction 20%		430,000 yen + (total number of salary or pension income earners — 1) \times 100,000 yen + 560,000 yen \times (number of insured persons in the household and specified members of the same household*)

^{*}A specified member of the same household refers to a person who has withdrawn from National Health Insurance as a result of a transfer to the Medical Care System for the Advanced Elderly.

• Measures to reduce insurance premiums for persons who become involuntarily unemployed

Persons who have left their jobs due to bankruptcy or dismissal and who meet both conditions ① and ② below may have their insurance premiums recalculated based on 30/100 of their previous year's salary income by submitting notification forms. The reduction period will extend from the month in which the day after the person became unemployed falls to the end of the fiscal year following the fiscal year in which the month the person became unemployed falls.

- ① The person in question is under the age of 65 as of the date of leaving their job
- ② The person in question has been issued an "Employment Insurance Eligibility Certificate" or an "Employment Insurance Eligibility Notification" by the Public Employment Security Office (Hello Work) and the number of the reason for leaving their previous job is 11, 12, 21, 22, 23, 31, 32, 33, or 34

General exemptions

If you face extreme hardship due to a disaster, bankruptcy, illness, etc., and you find it beyond your assets and abilities to pay your insurance premiums, you can apply for a reduction of, or exemption from, insurance premiums. Before applying, please consult with us by telephone. Insurance premiums for which the payment deadlines have passed are not covered under this scheme.



When exemptions from insurance premiums are available

See the electronic version of this booklet for more details.



Inquiries National Health Insurance Eligibility Section

 Reductions to the per capita rate of insurance premiums for international students and persons who have just arrived in Japan

If your income from employment in Japan totaled 980,000 yen or less during January to December of the previous year, you may receive a 70% reduction on your insurance premiums upon application. International students and those who have just arrived in Japan are advised to complete this procedure at the Medical Insurance and Pension Division, National Health Insurance Eligibility Section. International students are also requested to complete this procedure every year.

[What you need to apply]

<Foreign nationals>

- [1] Residence card
- [2] Student identification card or letter of acceptance (for international students only)
- <Japanese nationals>
- [1] Passport (with entry/exit stamps)
- [2] A piece of Photo ID (for persons whose passports have expired)

[Where to complete the procedure]

Medical Insurance and Pension Division, National Health Insurance Eligibility Section



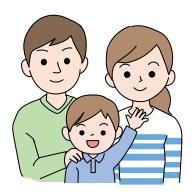
 Reductions on and exemption from paying insurance premiums after transitioning to the Medical Care System for the Advanced Elderly

If a health insurance dependent who is 65 years old or older and was not previously assessed for insurance premiums enrolls in National Health Insurance as an insured person who qualifies for the Medical Care System for the Advanced Elderly (having reached the age of 75), the newly insured person may apply for and receive a reduction or partial exemption on their insurance premiums.



Reduction on the per capita rate of insurance premiums for preschool-aged children

A 50% reduction on insurance premiums for preschool-aged children is available to support families with small children. It is not necessary to apply for this reduction.



When exemptions from insurance premiums are available

See the electronic version of this booklet for more details.



Inquiries National Health Insurance Eligibility Section

Reductions in insurance premiums during the prenatal and postnatal periods

[Who is eligible?]

Persons who are insured under National Health Insurance who are due to give birth or who gave birth on or after November 1, 2023 are eligible for the reduction.

Births at 85 days (four months) gestation or longer are covered, including stillbirths, miscarriages, premature births, and abortions.

*If you are already receiving a lump-sum birth allowance from Shinjuku City, there is no need to submit an application to the City Office. (Insurance premiums during the eligible period are reduced upon the City verifying the birth.)

(Period for acceptance)

You can notify the City Office from six months before your due date. You may also notify the City Office after giving birth.

(Summary of insurance premium reductions)

The corresponding amounts for both the income-based rate and the per capita rate of the insurance premiums to be paid during the fiscal year will be reduced from a month before the month in which the insured person is due to give (or gave) birth until two months after this (referred to below as "the prenatal and postnatal periods"). In the case of a multiple birth, this period is extended to six months, beginning three months prior to the month in which the children are due (or the month of delivery).

	3 months before	2 months before	1 month before		1 month after	2 months after	3 months after	
Single birth				Expected month of delivery				
Multiple births				Expected month of delivery				···Eligible period

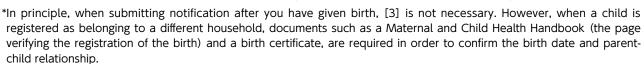
^{*}Households that have already reached their assessment limit may not receive a reduced rate despite the reduction having been applied.

What you need to apply

[1] Documents to confirm the submitter's identity *See page 5

[2] Documents to confirm the Individual Numbers of the head of the household and the person who is giving birth. *See page 5

[3] A Maternal and Child Health Handbook, etc. (document that verifies the due date)



Mail-in applications OK



How to pay insurance premiums

See the electronic version of this booklet for more details.



Inquiries National Health Insurance Eligibility Section

The insurance premium payment deadline will be the last day of each payment period (or the next business day if the financial institution is closed on the last day).

1 Payment by direct debit (automatic payment)

Payments can be automatically made from a designated savings account on the last day of every month (or the next business day if the last day falls on a Saturday, Sunday, holiday, etc.). Please use the "Shinjuku City National Health Insurance Premium Account Transfer (Automatic Payment) Request Form" to register for automatic payments.



For financial institution accounts at Mizuho, Mitsubishi UFJ (MUFG), Sumitomo Mitsui, Resona, or Japan Post Bank, the account holder must bring their cash card (magnetic strip card) to the City office and complete the account transfer procedures with their personal identification number (PIN). We recommend the use of direct debit payments so as to avoid forgetting to make payments.

Note that some cards cannot be used.

Every December, we will send you an "Account Transfer Receipt" to inform you of the insurance premiums debited from your account that year.

2 Cashless payment

For cashless payment methods using smartphones and personal computers, please carefully check the terms and conditions of the companies supporting cashless payments and be on your guard against fraud.



You can read the barcode printed on your payment slips (300,000 yen or less) with your smartphone's camera and pay using mobile banking services (banking services available via the Internet) or a credit card. For details, see the electronic version of this booklet or the "Mobile Cash Register" home page on the NTT Data Corporation website. Credit payment is not a service that allows you to pay by credit card at a City office counter.



Pay-easy payment

You can pay using your smartphone, computer or an ATM. There are no maximum limits or transfer fees for such payments. For details, see the electronic version of this booklet or the "Pay-easy" website.



Code-based electronic money payment

You can use an invoice payment service of a pre-registered smartphone payment app to read the barcode printed on the payment slip and pay with a pre-charged balance. Please check the mobile payment providers on the back of the payment slip to see which smartphone payment apps can be used.

Please see the electronic version of this booklet for more details.

3 Payment by payment slip

Places where payments can be made

- Shinjuku City Office (Medical Insurance and Pension Division)Branch Offices
- Banks Shinkin banks Credit unions (in Tokyo) Post offices, Japan Post Bank
- Convenience stores (those listed on the back of the payment slip)



4 Special pension collection (automatic payment from pension)

Members of households aged 65 to 74 who meet certain conditions will be required to pay insurance premiums from the head of household's pension.

Details are available in the electronic version of this booklet or in the leaflet enclosed with your insurance premium notices.



What happens if you do not pay health insurance premiums

Reminders

If you do not pay insurance premiums by the deadline, a reminder will be sent to you in accordance with the law.

If payment is made after the deadline, a reminder may be sent before this payment has been processed.

Inquiries → National Health Insurance Eligibility Section

Late fees

When insurance premiums are paid after the deadline for payment, late fees may be charged based on the number of days between the day after the due date and the actual payment date.

Inquiries → National Health Insurance Eligibility Section

If your insurance premiums are still not paid, the following steps will be taken:

Notifications

If insurance premiums are not paid even after a reminder has been sent, we will notify you by telephone, mail, SMS, etc.

Inquiries → Delinquency Prevention Division

Coercive collection

The deposits and savings, salaries, life insurance policies, and other assets of households that are in arrears but do not correspond to special circumstances and have not sought the payment consultations offered by us will be investigated in accordance with the law. If any assets are found as a result of the investigations, delinquent payments may be taken by seizing assets without prior notice.



Inquiries → Delinquency Prevention Division

Please make payment consultations if the payment of insurance premiums is difficult.

The Shinjuku Payment Information Center will be established as part of the Delinquency Prevention Division. In addition to the official opening hours on weekdays, payment consultations will also be accepted on non-business day opening days (in principle, the fourth Sunday of every month). Please consult with this center regarding any difficulties paying insurance premiums. In addition to National Health Insurance premiums, the Shinjuku Payment Information Center also accepts payment consultations concerning special ward inhabitants' tax, Tokyo inhabitants' tax, forest environment tax, and light motor vehicle tax (category base). Please make payment consultations as soon as possible if payment is difficult.



Shinjuku Payment Information Center Contact: (5273) 4311

Inquiries

→ Delinquency Prevention Division

Even if you have made payment consultations, reminders and notifi cations will still be sent to you along with a bill for late fees.

Benefits available under National Health Insurance

See the electronic version of this booklet for more details.





If you are enrolled in National Health Insurance

Inquiries National Health Insurance Benefits Section

Once you have enrolled in National Health Insurance, you become eligible for various benefits, such as coverage of certain medical expenses when you undergo a medical examination at a medical facility, etc. If you present your health insurance card, Individual Number health insurance card, or National Health Insurance Eligibility Certificate at a medical facility, etc., you can receive medical treatment for a certain out-of-pocket cost (copayment).

Copayment

- 0 years old to Pre-school 20%
- School age to 69 years old 30%
- 70 to 74 years old
 *See page 29 for details.

——— Total medical expenses ——— (medical expenses actually incurred)

Copayment 20% or 30% National Health Insurance payment 70% or 80%

Copayment (payment at the medical facility)

If you cannot use National Health Insurance

- Health checkups and vaccinations
- Normal delivery
- Cosmetic surgery
- Private or semi-private room charges
- Therapies performed by a judo therapist, acupuncturist/moxibutionist, masseur/masseuse, etc., for simple stiff shoulders and muscle fatigue

Instances in which benefits will be limited

- Injuries and illnesses due to fights, drunkenness, etc.
- Injuries and illnesses caused by intentional accidents or crimes

If you are involved in a traffic accident

The party at fault should bear the full cost of treatment for injuries and illnesses resulting from traffic accidents, violence, etc., but enrollees are eligible for National Health Insurance benefits if the party at fault is unknown or cannot be contacted. Please be sure to notify the Shinjuku City Office in such instances, as the party at fault will be billed at a later date for the treatment costs covered by Shinjuku City.



Important points to be aware of when withdrawing from National Health Insurance

Inquiries National Health Insurance Benefits Section

You can use your Individual Number health insurance card even after you have withdrawn from National Health Insurance in Shinjuku City after moving out of Shinjuku City, taking out health insurance at your workplace, etc. By completing enrollment and withdrawal procedures, the information linked to your Individual Number health insurance card will be correctly updated.

However, if you use your health insurance card or National Health Insurance Eligibility Certificate to receive medical treatment regardless of having withdrawn from National Health Insurance in Shinjuku City (or if you were doing so), you will have to repay medical expenses (the portion borne by National Health Insurance) to Shinjuku City at a later date.



You can find more details about the benefits system and application methods in the electronic version of this booklet, so please use it together with this booklet.

If you have any questions, please contact the National Health Insurance Benefits Section.



Persons enrolled in National Health Insurance between 70 and 74 years old

See the electronic version of this booklet for more details.



Inquiries National Health Insurance Eligibility Section

Persons between 70 and 74 years old who do not have an Individual Number health insurance card will be sent a National Health Insurance Eligibility Certificate that states the copayment rate that can be used from the month after the month of your 70th birthday (if your birthday falls on the first of the month, you can use it from the month of your birthday).

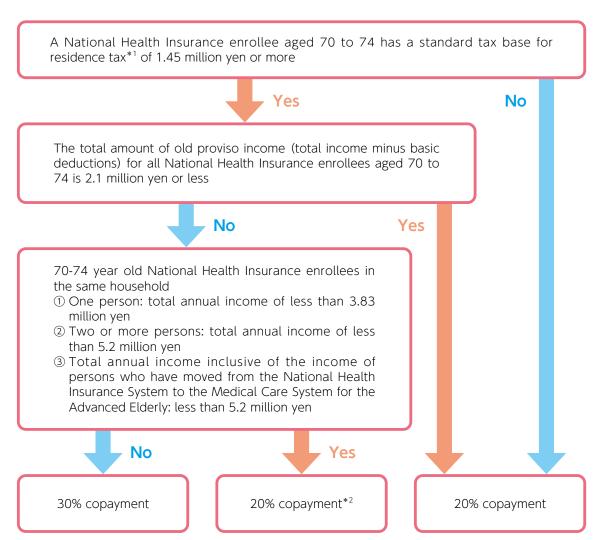
When receiving medical treatment, please show a National Health Insurance Eligibility Certificate that states the copayment rate at the medical facility, etc.

A health insurance card and elderly beneficiary card will also be issued to people enrolled in National Health Insurance prior to December 2, 2024. Please use these at medical facilities, etc.

After registering an Individual Number Card as a health insurance card (Individual Number health insurance card), you can receive medical treatment without a "National Health Insurance Eligibility Certificate" or "health insurance card" or "elderly beneficiary card." You can confirm the medical facilities, etc., at which this card can be used on the Ministry of Health, Labour, and Welfare's website.

Criteria for determining copayment ratio

The out-of-pocket rate of medical expenses is determined every year based on the standard tax base for residence tax *1. For details, please see the electronic version of this booklet or the leaflet enclosed with your National Health Insurance Eligibility Certificate that states the copayment rate.



^{*1} The standard tax base is total income minus various income deductions.

^{*2} Application may be required.

National Health Insurance benefit system

See the electronic version of this booklet for more details.



Inquiries National Health Insurance Benefits Section

Reimbursement of medical expenses already paid in full

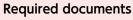
The insured person must pay the full amount of expenses incurred in the instances below (e.g. when visiting a medical facility, etc., without a health insurance card, Individual Number health insurance card, or National Health Insurance Eligibility Certificate, or when preparing therapeutic equipment at the instruction of a However, if you later apply to Shinjuku City, you will be reimbursed for 70% or 80% of the medical treatment costs paid.

Reimbursement cannot be made after two years from the day following the medical treatment date (or the day after the date of receipt for therapeutic equipment) due to the expiration of the statute of limitations.

When you receive insured medical treatment without a health insurance card, Individual Number health insurance card, or National Health Insurance Eligibility Certificate due to unavoidable reasons such as sudden illness

*Whether or not this was really unavoidable is also subject to examination.

When preparing a therapeutic device according to the instructions of a doctor



- Receipt of medical expenses paid
- Statement of medical (dispensing) fees (issued by a medical facility, etc.)

Required documents

- Statement from a doctor certifying need for equipment, etc.
- Receipt/statement of equipment expenses
- Photograph (corrective shoes only)

Required documents

- Statement of treatment (issued by judo therapist)
- Receipt for of treatment fees

Required documents

- Approval form from the doctor approving the treatment
- Statement of treatment (issued by the practitioner)
- Receipt for treatment fees

When receiving acupuncture, moxibustion or massage treatment

When receiving therapy from a judo

*Treatment of acute and subacute injuries

Approval from a doctor is required

therapist

Required documents

- A: Attending physician's statement (indicating the name of the injury or illness)
- B: Receipt/statement of medical expenses paid
- Japanese translations of A and B
- Passport of the person who received the treatment
- Investigation consent form



overseas for unavoidable reasons that corresponds to insured medical treatment Not applicable when traveling for therapeutic purposes

When receiving medical treatment

What you need to apply

- Medical expense payment application
- Identification documents for applicants who apply in person *See page 5
- Documentation showing the transfer account of the head of household at the time of treatment
- Other documents as required by circumstances (please check the above)





Reimbursement system for high-cost medical care – when you incur high medical expenses

See the electronic version of this booklet for more details.



A household that (from the first day to the last day of that month) incurs high medical expenses during a given month, for which the copayment for these medical expenses exceeds the maximum copayment amount will be reimbursed for the excess amount.

A notification will be sent to the head of the household eligible for reimbursement 3 to 4 months after the month in which the expenses were incurred. Please apply for reimbursement when you receive the notification. Reimbursement will be paid in about one month. Reimbursement cannot be made after two years from the first day of the month following the month in which you received medical treatment due to the expiration of the statute of limitations. For households that meet certain criteria, applications will not be necessary from the second

For households that meet certain criteria, applications will not be necessary from the second time onwards, and insurance benefits will automatically be paid through direct debit.

What you need to apply

- High-cost medical treatment payment application form sent from Shinjuku City
- Identification documents for applicants who apply in person *See page 5
- Documents confirming the Individual Numbers of the head of the household and the person who received medical treatment *See page 5
- Documents showing the bank account of the head of household *Not required if the bank account is printed on the application documents

Mail-in applications OK



3 Certificate of application of maximum copayment amount

If you present a "certificate of application of maximum copayment amount/reduced standard copayment amount" ("certificate of application of maximum copayment amount"), you will only need to pay up to the maximum copayment amount for medical expenses incurred during a one-month period at a single medical facility, etc. (with distinctions made between inpatient and outpatient care and medical and dental care). Please apply to the National Health Insurance Benefits Section for this certificate. However, you may not be eligible for the certificate if you have not paid your insurance premiums. In addition, the certificate is valid from the first day of the month in which the application was submitted.

If you are 70 years old or older and your income category is "General Enrollee" or "Working-age Equivalent III" (see Table 2 on page (37), you can cover your medical expenses up to the maximum copayment amount just by presenting your National Health Insurance Eligibility Certificate.

If you have already registered for the use of your Individual Number Card as a health insurance card Individual Number health insurance card) and you are not in arrears, you will be exempt from the payment of medical expenses in excess of the maximum copayment amount without presenting your certificate of application for the maximum copayment amount. You can confirm the medical facilities at which this function can be used on the Ministry of Health, Labour, and Welfare's website.

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What you need to apply

Mail-in applications OK

- Identification documents for applicants who apply in person *See page 5
- Written confirmation of the Individual Number of the person issued the certificate *See page 5



High-cost medical expenses and difference with certificate of application of maximum copayment amount
 Example: Age 40 years old Income category "D" (maximum amount 57,600 yen) *See Table 1 on page 35

- · Copayment 90,000 yen (30% copayment)
 - · Total medical expenses 300,000 yen
- In the case of high-cost medical expenses (certificate of application of maximum copayment amount is not presented at a medical facility, etc.)

You will make a copayment of 90,000 yen (30% copayment) at the medical facility, etc., and then be reimbursed 32,400 yen at a later date for high-cost medical treatment.

In the case of a certificate of application for the maximum copayment amount (certificate of application of maximum copayment amount is presented at the medical facility, etc.)

You will pay the maximum copayment amount of 57,600 yen at the medical facility, etc.



Persons under 70 years old

Maximum copayment amount (Table 1)

	Income requirement	Maximum copayment amount	t per month
Category	Income requirement (household)*1	1st to 3rd time within the last 12 months	4th time and thereafter (multiple months)*2
A Over 9.01 million yen		252,600 yen (if the total medical expenses exceed 842,000 yen, 1% of the excess amount will be added)	140,100 yen
В	Over 6 million yen but less than 9.01 million yen	167,400 yen (if the total medical expenses exceed 558,000 yen, 1% of the excess amount will be added)	93,000 yen
С	Over 2.1 million yen but less than 6 million yen	80,100 yen (if the total medical expenses exceed 267,000 yen, 1% of the excess amount will be added)	44,400 yen
D	2.1 million yen or less	57,600 yen	44,400 yen
Е	Exempt from residence tax	35,400 yen	24,600 yen

^{*1} Income is total income minus basic deductions. Households with unknown income are classified as "A". The income from the year before last will be used when treatment is received between January and July, and from the previous year when treatment is received between August and December.

Conditions for adding together multiple household members and visits to multiple medical facilities, etc. (enrollees under 70 years of age)

- 1. By month (from the first day to the last day of the month)
- 2. By medical facility
 - *Medical and dental care and outpatient and inpatient care are to be regarded separately, even if received at the same medical facility, etc.
- 3. By patient
- 4. The amount paid to a pharmacy for outpatient prescriptions can be added to the copayment made at the medical facility issuing the prescription.
- → If the above conditions are satisfi ed and the amount totals 21,000 yen or more, the amount will be added.



Counting the months in which payments were paid

The maximum copayment amount will change depending on the number of months in which payments above the maximum copayment amount were made within the 12 months prior to the month in which treatment was received.

*The months in which payments above the maximum copayment amount were made are marked as "".

Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
*	*				*			*				*
	1st time				2nd time			3rd time				4th time



Start counting from here

Not counted because it is more than 12 months before the month in which treatment was received

Multiple months

^{*2} For multiple months, see "Counting the months in which payments were made" below.



For persons over 70 and under 75

Maximum copayment amount (Table 2)

			Maximum	copayment amount per month			
Classification	Income requirement (household)*1	Copayment ratio	Outpatient care (by individual)	Outpatient care + hospitalization (by household)	4th time and thereafter (multiple months)*2		
Working-age equivalent III	Standard tax base for residence tax: 6.9 million yen or more	exceed 842,000 yen, the excess amount will 167,400 yen (if the total rexceed 558,000 yen, the excess amount will		en, 1% of	140,100 yen		
Working-age equivalent II	Standard tax base for residence tax: 3.8 million yen or more but less than 6.9 million yen			en, 1% of	93,000 yen		
Working-age equivalent I	Standard tax base for residence tax: 1.45 million yen or more but less than 3.8 million yen		80,100 yen (if the to exceed 267,000 ye the excess amount		44,400 yen		
General enrollee	Standard tax base for residence tax: Less than 1.45 million yen		18,000 yen (up to 144,000 yen per year)* ³	57,600 yen	44,400 yen (outpatient + inpatient)		
II	Residence tax exemptions	20%	8,000 yen	24,600 yen	_		
I	Residence tax exemptions		8,000 yen	15,000 yen	_		

^{*1} The standard tax base is total income minus various income deductions. The income from the year before last will be used when treatment is received between January and July, and from the previous year when treatment is received between August and December.

When you cannot afford to pay the medical expenses when being admitted to a hospital

If you have trouble paying the copayment for medical expenses due to a temporary hardship such as a disaster or unemployment, a system is available for reductions or exemptions of out-of-pocket expenses if an application is submitted and screened in advance. Please be sure to consult us prior to hospitalization.

Free or low-cost medical care services

Apart from the National Health Insurance system, there is a system that allows people who cannot receive appropriate medical care for financial reasons to receive medical care for free or at a low cost if they temporarily need medical care at a medical facility.

- *Certain conditions must be met, and prior application is required.
- *Please consult with the Welfare Department, Social Welfare Division, Consultation Support Section.
- *Welfare Department, Social Welfare Division, Consultation Support Section TEL 03-5273-4552 FAX 03-3209-0278



^{*2} For multiple months, see "Counting the months in which payments were made" at the bottom of page 35. For general enrollees, this is the maximum amount for the 4th month and thereafter when monthly outpatient + inpatient payments have exceeded the maximum copayment amount three times.

^{*3} If the medical expenses paid for outpatient treatment exceed 144,000 yen between August and July of the following year, the excess amount will be paid. We send out notifications once a year to the heads of households who are eligible to receive this payment, so please apply.

^{*} Even when medical treatment is received by multiple household members, or at multiple medical facilities, etc., they are all covered under these totals for persons 70 years old or older. However, medical expenses paid for outpatient treatment are calculated on an individual basis, and any portion that exceeds the maximum copayment amount will be paid. In addition, medical expenses paid for inpatient treatment are calculated on a household basis, and any portion that exceeds the maximum copayment amount will be paid.



Sample calculation (household under 70 years old)

Example: Income category "C" *Table 1 on page 35

Husband (50 years old) Hospitalization 300,000 yen (30% copayment) Total medical expenses:

1,000,000 yen



Wife (50 years old) Outpatient care 6,000 yen

(30% copayment) Total medical expenses: 20,000 yen



Child (20 years old) **Outpatient care** 30,000 yen



(30% copayment) Total medical expenses: 100,000 yen

① Calculate the copayment for the entire household.

 $300,000 \text{ yen} + \frac{30,000 \text{ yen}}{100,000 \text{ yen}} = 330,000 \text{ yen}$

*The wife's outpatient care expenses of 6,000 yen do not meet the condition of totaling 21,000 yen or more, so they are not included in the household total. (Refer to "Conditions for adding together multiple household members and visits to multiple medical facilities, etc." at the bottom of page 35).

2 Calculate the maximum copayment amount for the entire household.

 $80,100 \text{ yen} + (1,100,000 \text{ yen} - 267,000 \text{ yen}) \times 1\% = 88,430 \text{ yen}$

*Refer to Table 1 on page 35 for the method of calculating the maximum copayment amount.

3 Calculate the payment amount for the entire household.

330,000 yen - 88,430 yen = 241,570 yen (payment amount)

Sample calculation (household aged 70 to under 75)

Example: Income category "General enrollee" *Table 2 on page 37

Husband (73 years old)

Outpatient care A

15,000 yen (20% copayment)

Outpatient care B

5,000 yen (20% copayment)

Total medical expenses: 100,000 yen



Wife (73 years old)

Outpatient care

3,000 yen (20% copayment)

Hospitalization

50,000 yen (20% copayment)

Total medical expenses: 265,000 yen

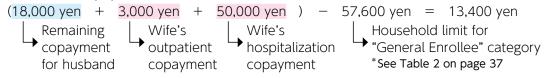
①Calculate the outpatient reimbursement amount for each individual.

Husband: (15,000 yen + 5,000 yen) - 18,000 yen = 2,000 yen

→ Maximum amount for outpatient care for "general enrollee" category *See Table 2 on page 37

Wife: 0 yen *Because the 3,000 yen paid for outpatient care is less than the minimum of 18,000 yen

2 Calculate the payment amount for the entire household.



3 Add up the payments.

2,000 yen + 13,400 yen = 15,400 yen (payment amount)



4 Meal charges during hospitalization

The standard cost (per meal) will be paid by the insured person, with the rest to be paid by the insurer.

Catagoni		Standard cos	st (per meal)		
Category	From June 2024 to March 2025	From April 2025 onward			
Households subject to resider	490 yen	510 yen			
 Households under 70 years old exempt from residence tax 	Hospitalization up to 90 days 230		240 yen		
 Households over 70 years old exempt from residence tax II (See Table 2 on page (37)) 	Hospitalization for more than 90 days*1	180 yen	190 yen		
Households over 70 years old exempt from residen page (37))	Households over 70 years old exempt from residence tax I (see Table 2 on				

^{*1} If you have been hospitalized for more than 90 days within the 12 months prior to the application month, please submit an application to have us issue a standard cost reduction certificate that reduces the standard cost will be issued. This certificate will be valid from the month following that in which the application was submitted.

5 When an enrollee gives birth

When an enrollee gives birth, 500,000 yen per child will be paid.

*Childbirths, miscarriages, and stillbirths that occur after 12 weeks and 1 day (85 days) or more of pregnancy are covered.

▶ Direct payment system/receipt by proxy system

Shinjuku City will pay the lump-sum allowance for birth and nursing directly to the medical facility, etc. For details, please contact the medical facility, etc., where you plan to give birth.

▶ The following persons must complete the procedures in Shinjuku City

- Persons who do not use the direct payment system or who give birth in a medical facility, etc., that does not belong to the direct payment system
- For persons whose childbirth costs were less than the lump-sum allowance for birth and nursing and who wish to receive a makeup payment
- · Persons who give birth in a foreign country (*Please contact us in advance)
- *Payments cannot be made after two years from the day after giving birth due to the expiration of the statute of limitations.

Mail-in applications OK



6 When an enrollee dies

When an enrollee dies, 70,000 yen will be paid to the person holding the funeral.

The person holding the funeral must be the applicant. Payments cannot be made after two years from the day following the funeral due to the expiration of the statute of limitations.

giving birth due to

What you need to apply

- The original receipt for the funeral
- Documentation indicating the account of the person who held the funeral
- Identification documents for applicants who apply in person *See page 5





Mail-in applications OK

- Consent forms submitted to the medical facility, etc.
- Receipt/billing statement
- Documentation confirming childbirth
- Documentation indicating the account of the head of household
- Identification documents for applicants who apply in person *See page 5
- Documentation confirming the Individual Number of the person who gave birth *See page 5

^{*}For tax-exempt households, the standard cost will be reduced if you present a standard cost reduction certificate.

^{*}If you were unable to receive the deduction for unavoidable reasons, the difference in the standard cost will be reimbursed upon application. Please contact us for more information.



Persons receiving medical treatment for specified long-term illnesses

If you are being treated for any of the following specified illnesses, please apply for a "Certificate of Treatment for Specified Illnesses." If you present the certificate at a medical facility, etc., the maximum copayment amount for treatment will be 10,000 yen per month. However, for dialysis treatment for households under the age of 70 who have income (after basic deductions) of more than 6 million yen or households with unknown income, the maximum copayment amount for treatment will be 20,000 yen per month. This certificate will be valid from the first day of the month in which the application was submitted and it cannot be issued retroactively.

Specified illnesses covered

- · Chronic renal failure with artificial kidney (artificial dialysis)
- Congenital blood coagulation factor VIII disorder or factor IX disorder ("hemophilia") for which blood plasma protein fraction preparations are being administered
- · Acquired immunodeficiency syndrome for which antiviral agents are being administered (HIV infection caused by administration of blood coagulation factor preparations)

What you need to apply

Mail-in applications OK

- Proof of covered illness
 - Identification documents for applicants who apply in person *See page 5
 - Documentation confirming the Individual Number of the person to be certified *See page 5



8 Issuance of tuberculosis/mental health care benefit cards

Issuance of Tuberculosis Medical Beneficiary Card

Inquiries Preventative Health Care Division, Preventative Care Section TEL 03-5273-3859

National Health Insurance enrollees who are subject to the Infectious Diseases Control Law (tuberculosis) and who are exempt from residence tax (or when the head of household is exempt from tax for enrollees under the age of 18) will be issued a "Tuberculosis Medical Beneficiary Card" upon application. Persons presenting this card to a medical facility will not be charged any copayment.

Issuance of National Health Insurance Beneficiary Card (Outpatient Mental Care)

Inquiries Public Health Centers * See page 47

If you are a National Health Insurance enrollee receiving public assistance under the System of Medical Payment for Services and Support for Persons with Disabilities and all of the National Health Insurance enrollees in the same household are exempt from residence tax, you will be issued a "National Health Insurance Beneficiary Card (Outpatient Mental Care)" upon application. By presenting this card to a medical facility, etc., you will not be charged any copayment. Only persons receiving outpatient care are eligible.

If you receive a medical treatment outside of Tokyo

If a designated medical facility listed on the tuberculosis/mental health care benefit card is outside of Tokyo, please pay the copayment at the medical facility and then later apply to the National Health Insurance Benefits Section for reimbursement of the copayment. Payments cannot be made after two years from the day following that on which the medical treatment was received due to the expiration of the statute of limitations.

What you need to apply

Mail-in applications OK

- Tuberculosis/Mental Health Care Benefit Payment Application Form
- Receipt of medical expenses paid
- Tuberculosis Medical Beneficiary Card or National Health Insurance Beneficiary Card
- Documentation indicating the account of the person who received treatment
- Identification documents for applicants who apply in person *See page 5
- Copayment Limit Management Form

Information on Public Health Services

See the electronic version of this booklet for more details.



Shinjuku City provides persons who are enrolled in National Health Insurance with various services to promote the preservation of their health, including health checkups and health consultations. We also subsidize a portion of accommodation fees for lodging facilities.

A number of people use these services to maintain their own health. Please feel free to take advantage of them.

Services marked with a * symbol are offered based on the information provided on forms that were submitted during procedures such as enrollment in national insurance.

		Subsidies for accommodations at recuperation facilities (June to September)	<inquiries> Medical Insurance and</inquiries>
All	•	A subsidy of 3,000 yen per person per night is given for accommodation fees (for up to two nights).	Pension Division, General Affairs Section
		Dental checkups (June to December)	<inquiries></inquiries>
			Health
Persons 16 years old or older	•	Examinations for tooth decay and periodontal disease, as well as advice on dental and oral health are	Promotion
Please refer to the supplementary		available.	Division, Health Services Section
booklet "Notice on Shinjuku City		★Specified medical examination ★Specified health	
National Health Insurance" for more		guidance ★Non-obesity health guidance (June to March)*	<inquiries></inquiries>
details.		We offer opportunities to receive specified medical	Health Promotion
Persons 40 to 74 years old	→	examinations with the aim of preventing lifestyle diseases. In addition, based on the results of checkups,	Division, Health
Please refer to the supplementary		relevant persons are invited to participate in a health	Checkup
booklet "Notice on Shinjuku City		guidance program formulated according to their individual risk of lifestyle diseases (free of charge).	Section
National Health Insurance" for more		,	
details.		★Left-over medicine bag service	<inquiries></inquiries>
In principle, persons		At cooperating dispensing pharmacies within Shinjuku City, pharmacists can help you organize or give advice	Medical Insurance and
In principle, persons 65 years old or older	•	on medicine left unused at your home (free of charge).	Pension Division,
		We provide an easy-to-use "Medicine Bag" dedicated	General Affairs Section
		to this purpose.	Section
Persons 40 to 74 years old who are currently being treated for		★Prevention of the aggravation of diabetic nephropathy and other diseases *	
diabetes and who are deemed to have a high risk of aggravation	→	Tailor-made health guidance programs are available to	Promotion Division, Health
following the results of a specified		meet the needs of individual cases. Relevant persons are individually invited to participate (free of charge).	Checkup
medical examination		a.e.mdata, mines to participate (nee or enarge).	Section
Develope who was how		★Encouragement to resume treatments for lifestyle diseases *	<inquiries> Medical</inquiries>
Persons who may have discontinued treatments for	_	Nurses, etc. are available to give advice by phone	Insurance and Pension Division.
lifestyle diseases		about concerns held by anyone suffering from a lifestyle disease in order to help them to start receiving	General Affairs
		treatments again (free of charge).	Section
		★Correction of patient behaviors *	
Persons who may be improperly using medical facilities and		Nurses, etc. are available to give advice by phone for	Medical Insurance and
pharmacies or improperly taking	•	those who have visited a number of hospitals for the	Pension Division,
medicine		same symptoms, or for other such cases (free of charge).	General Affairs Section
A		those marked with a + symbol are stipulated in t	

Among the services described above, those marked with a \star symbol are stipulated in the Shinjuku City second national health insurance data health plan, as well as the forth-term Shinjuku City implementation plan for specified medical examinations, etc. and are carried out accordingly.

What are the Shinjuku City second National Health Insurance data health plan and the forth-term Shinjuku City implementation plan for specified medical examinations, etc.?

This is a project plan that aims to improve the health of insured persons (prolonging their health spans) and rationalize medical expenses, through effective and efficient public health projects based on data analysis.

Contact Information

See the electronic version of this booklet for more details.



Medical Insurance and Pension Division (Shinjuku City Office 4th Floor)

	Name of Sections	Telephone	FAX
Filing of qualification notifications, insurance premium assessments, insurance premium payments, account transfers	National Health Insurance Eligibility Section	03-5273-4146	03-3209-1436
Insurance benefits/high-cost medical expense benefits	National Health Insurance Benefits Section	03-5273-4149	03-3209-1436
Recuperation facilities	General Affairs Section	03-5273-4078	

General Affairs Department, Delinquent Payments Action Section (Shinjuku City Office 6th Floor)

	Telephone	FAX
Payment consultations (reception: Payment Information Center)	03-5273-4311	03-5273-3540

Elderly Health Division (Shinjuku City Office 4th Floor)

	Telephone	FAX
Medical Care System for the Advanced Elderly	03-5273-4562	03-3203-6083

Health Promotion Division, Public Health Center

	Name of Sections and Health Centers	Telephone	FAX
	Health Checkup Section	03-5273-4207	03-5273-3930
	Health Services Section	03-5273-3047	
Health examinations Cancer screenings Dental checkups	Ushigome Public Health Center	03-3260-6231	03-3260-6223
	Yotsuya Public Health Center Health Support Center for Women	03-3351-5161	03-3351-5166
	Higashi-Shinjuku Public Health Center	03-3200-1026	03-3200-1027
	Ochiai Public Health Center	03-3952-7161	03-3952-9943

Branch Offices (*Some types of notification forms can be submitted at Branch Offices.)

	Name of Branch Offices	Telephone	FAX
Notification Forms • Enrollment • Withdrawal • Updates Payment	Yotsuya Branch Office	03-3354-6171	03-3350-9403
	Tansumachi Branch Office	03-3260-1911	03-3235-7121
	Enokicho Branch Office	03-3202-2461	03-3202-2476
	Wakamatsucho Branch Office	03-3202-1361	03-3207-1591
	Okubo Branch Office	03-3209-8651	03-3207-1831
	Totsuka Branch Office	03-3209-8551	03-3207-1861
	Ochiai Daiichi Branch Office	03-3951-9196	03-3952-3181
	Ochiai Daini Branch Office	03-3951-9177	03-3952-3183
	Kashiwagi Branch Office	03-3363-3641	03-3363-3477
	Tsunohazu Branch Office	03-3377-4381	03-5350-2868

Day-to-day information on medical examinations (available 24 hours a day)

Tokyo Medical Facility Information Service (Himawari)	TEL	03-5272-0303
Tokyo Fire Department Emergency Consultation Center	TEL	03-3212-2323

あなたのくらしと国保

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