

<For Foreign Residents> Information on the Child Medical Expense Subsidy

◆ What is the Child Medical Expense Subsidy Program?

This program subsidizes the out-of-pocket expenses for medical care covered by health insurance when a child visits a medical institution, including the self-payment portion of medical expenses and meals during hospitalization. To receive the child medical expense subsidy, you need to apply and obtain a medical care certificate (“medical card”).

◆ Eligible Children

Children who are registered residents of Shinjuku City and are under 18 years old until the first March 31 after reaching the age of 18.

*Children in any of the following situations (①-③) are not eligible:

- ① Not enrolled in Japan's health insurance
- ② Receiving livelihood protection
- ③ Placed in a child welfare facility or similar facility by disposition

医療証	
負担者番号	
受給者番号	
保護者	氏名
	生年月日
	住所
氏名	
有効期間	
交付年月日	

医療証	
負担者番号	
受給者番号	
保護者	氏名
	生年月日
	住所
氏名	
有効期間	
交付年月日	

Medical card image

Colors alternate between green and orange each year.

◆ Applicants

Parents/guardians raising eligible children with registered residence in Shinjuku City.

*There is no income limit.

*If the parent/guardian does not reside in Shinjuku City, please contact the inquiry desk below.

◆How to Use the Medical Card

By presenting both a My Number insurance card or other certificate and a medical card, children can receive medical treatment at medical institutions in Tokyo without paying medical expenses.

◆If Medical Expenses Have Been Paid at the Medical Institution:

You can apply for the financial assistance for the child in the following cases (1) to (5).

- (1) When paying meal and treatment fees during hospitalization
- (2) Medical treatment of the child at medical institutions outside Tokyo
- (3) Medical treatment of the child at medical institutions that do not accept medical cards
- (4) If enrolled in health insurance and health insurance unions outside Tokyo
- (5) When paying the entire medical expense (100%) and later receiving medical expense compensation from the health insurance union or similar organization you are enrolled in

◆Application Procedure

<Required Documents> Medical card issuance application form for infants, children, high school students, etc. and proof of eligibility for health insurance coverage, such as a copy of a health insurance card, certificate of eligibility, eligibility notification, etc. for the applicable child.

<Submission Locations> Child Health Care and Allowance Section, Children and Family Division, Children and Family Department (2nd floor, Window 15, Main Building), and each special branch office.

*You can also apply by postal mail (addressed to the Child Health Care and Allowance Section) or through the My Number Portal.

◆ Example of how to fill out the Medical Card Issuance Application Form

The applicant must be the parent/guardian raising the eligible child.

If the parent/guardian does not reside in Japan, such as in the case of international students, please contact us for further assistance.

Please provide a bank account in the name of the applicant.

This account will be used for the transfer when applying for the subsidy.

乳幼児・子ども・高校生等医療証 (新規)・増人・保護者変更) 交付申請書

新宿区長宛て

フリガナ 氏名 新宿 太郎	生年月日 1970年1月23日	配偶者の有無 <input checked="" type="radio"/> 有 <input type="radio"/> 無	振込先 銀行 信用組合 信用金庫 新宿 区役所 (店番号: 123)
住所 新宿区 歌舞伎町一丁目4番1号 電話 000 (000) 0000	加入している健康保険 1 国民健康保険 2 健康保険組合 3 全国健康保険協会	4 共済組合 5 国保組合 6 その他	口座番号 (右詰め) 1 2 3 4 5 6 7
勤務先名称 新宿 株式会社	勤務先名称		※ 口座名義は、金融機関で登録しているとおとり、はっきりと書いてください。
配偶者 フリガナ 氏名 新宿 花子	生年月日 平成6年2月3日	同居別居 <input checked="" type="radio"/> 同居 <input type="radio"/> 国内別居 <input type="radio"/> 国外別居	口座名義 カナで記入
家族構成 18歳未満の子どもの数	氏名 新宿 一郎	性別 子	生年月日 令和4年5月1日
	同居別居 <input checked="" type="radio"/> 同居 <input type="radio"/> 別居	個人番号 1 1 2 2 3 3 4 4 5 5 6 6	
子ども医療費助成制度の医療証の交付を申請します。なお、この制度の資格審査及び毎年の更新時の審査・認定に当たり、区が保有する住民基本台帳及び課税台帳等の公表により確認することに同意します。また、申請した事項に変更が生じたときは、速やかに届出を行います。			
申請者氏名 新宿 太郎	申請日 令和6年4月1日	認定 年月日	保留 年月日
証交付 年月日	他の手当等 児手 (別居・公務員) ひとり親手当案内	証発行場所 児童育成担当課・四谷・笹笥町・榎町・若松町・大久保・戸塚・落合第一・落合第二・柏木・角筈	却下

対象のお子さまの健康保険証等の写し添付欄
(お子さまが加入される予定の健康保険証等の写しでも構いません)

※灰色部分にのり付けてください
※スペースが足りない場合は、裏面に添付ください

Please sign here.

Point of contact:

Children's Medical Care and Allowance Section, Children and Family Division, Children and Family Department, Shinjuku City1-4-1 Kabuji-cho, Shinjuku-ku 160-8484 Tel: 03-5273-4546 (Direct line) Fax: 03-3209-1145