

Medical Treatment Application

We are a private clinic. We have been working hard to provide a high quality service to those patients that put their trust in our care.

We ask that before you receive medical attention and care from our clinic that you first read the following points and give your consent. Thank you for your cooperation.

We reserve the right to refuse not only you the patient, but also your family members, companions and anybody who comes to visit you, in any of the following situations:

- 1 In cases when violent actions or harsh language is used towards our staff
Ex) When it's very busy and "How long do we have to wait!" is shouted to staff.
- 2 In cases when common sense civility is not kept
Ex) When your husband has an arrogant attitude and joins in without even any type of greeting or acknowledgement to the staff during the explanation of the medical condition.
- 3 In cases when other patients are disturbed
Ex) When children run around in the waiting room.
When visiting guests are being loud and rowdy in a shared room.
- 4 In cases when you request or imply for us to issue a false medical certificate
Ex) When a patient tells us, "I don't want to go back to work, so please say that it was a pressured miscarriage and I need time off."
- 5 In cases when the instructions for care and cautionary points are not kept
Ex) When you don't have your periodic check-up and it is your prenatal check.
- 6 In cases when other actions against social norms and basic morals are conducted

Regarding Medical Treatment

- 1 Due to privacy protection, we cannot answer inquiries from those other than the patient. If a patient has an inquiry, it must be the patient who calls.
- 2 When the patient is a juvenile, in some cases it is necessary for parental consent and/or for a parent to accompany the juvenile.
- 3 In cases in which medical conditions cannot be handled at our clinic, we will refer you to a clinic or hospital that can.
- 4 Due to the guidance of laws and government, we cannot just prescribe medicine without having an examination first.
- 5 We will save a copy of your health insurance card as part of your medical record.
- 6 As for inquiries made via telephone, depending on the content, someone may or may not be able to answer. Please understand that we cannot answer inquiries outside of clinic hours.
- 7 When you receive medical care from our clinic, medical information along with various samples (blood test samples, tissue sampled during operations, oocytes and embryos attained by in vitro fertilization, etc.) will be generated. As for their information, samples, and pictures (herein after referred to as "excess samples") are very important samples of medical research, even when deemed as unnecessary in medical care. At our clinic, please understand that are cases in which we will use these excess samples in research for improving medical treatments and treatment effectiveness. As for the excess samples, we will conduct analyses and reports with anonymity protecting each individual's privacy rights.



Regarding Payment

- 1 Even for items other than prenatal checks and fertility screenings, 1 part or all may be self-pay. Pursuant to the health insurance scheme, prices may vary day by day even for the same medical item.
- 2 Due to circumstances such as insurance cover revisions and changes in interpretation, there are times when the cost will change.
Please take note, sometimes self-pay items may also be charged.
- 3 We cannot accept any medical reimbursement by a third party.
The medical costs, for example being a victim of a traffic accident, please pay for this by yourself. Please handle all contact and negotiations with the insurance company by yourself.
When you need a medical certificate of diagnosis, or other certified documents, we will make that for the patient only.
- 4 Some of the sick-beds at our clinic are self-pay beds. If you feel that this is a big burden to you, we can introduce you to another clinic or hospital, so please let us know.

For those who feel that our service has changed or see our service as unbefitting to a medical institution.

Please let us know when you want to quit our clinic and transfer to another clinic or hospital due to such reasons as, "I can't trust the medical treatment here", "The cost is too high" or "Lack of ambiance". In such cases, we will write you an introductory referral letter with a summarized medical history. (Please note that there is a separate fee for an introduction letter and in some cases it will take several days for completion.)

Oak Clinic Group

Oak Clinic, Sumiyoshi

Oak Clinic, Namba

Oak Clinic, Umeda

Oak Clinic, Ginza

Director Yoshitaka Nakamura

I have read and completely understand the "Medical Treatment Application" and all mentioned points and thus give my consent to medical treatment.

year / month / day
Date: _____

Name: _____

Do you need a print off of the medical expenses? 【FREE】 (Yes ▪ No)