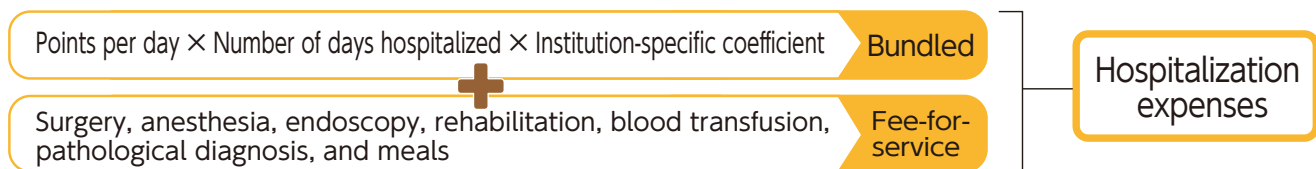# 8 Medical Expenses, Etc.

How medical expenses (DPC) are calculated

Our hospital is a DPC hospital. DPC refers to the Bundled Payment System, which calculates a patient's overall medical expenses based on a fixed amount of medical expenses per day according to disease, surgery, and procedure names. For technical charges for specialized treatment such as surgery, rehabilitation, endoscopy, and dental treatment, medical expenses are still calculated using the Fee-For-Service System. Therefore, the amount of medical expenses associated with hospitalization represents the total of bundled payment and fee-for-service payment.

DPC (Diagnosis Procedure Combination) calculation method

"Per day": The first day a patient enters their room is considered the 1st day; add the number of days each time the date is changed. (This is different from the concept of a one-night stay.)

Points per day × Number of days hospitalized × Institution-specific coefficient	Bundled
+	
Surgery, anesthesia, endoscopy, rehabilitation, blood transfusion, pathological diagnosis, and meals	Fee-for-service

Hospitalization expenses

※ The institution-specific coefficient is a coefficient specified for each hospital in accordance with the hospital's functions and varies among medical institutions.
※ For patients who use the Bundled Payment System for their hospitalization fees, the expenses for dietary treatment during hospitalization, expenses associated with surgery, endoscopy, dental treatment, various tests using cardiac catheterization, some expensive procedures, and prescriptions given at discharge are calculated separately from the hospitalization fees based on the Bundled Payment System.
※ Please note that if the DPC is changed according to the name of the disease and treatment details, and the billing amount changes, we may contact you for additional billing or refund after discharge.

Rates for rooms with additional room charges (paid private rooms)

· If you use a private room or semi-private room, the rates shown in the table below will be charged per day in addition to your copay.
· A consent form for additional room charge must be submitted when being admitted to the hospital.
· If you are admitted to a private room based on the hospital's decision such as for treatment or hospital ward operations including infection prevention, you will not be charged extra for the private room.
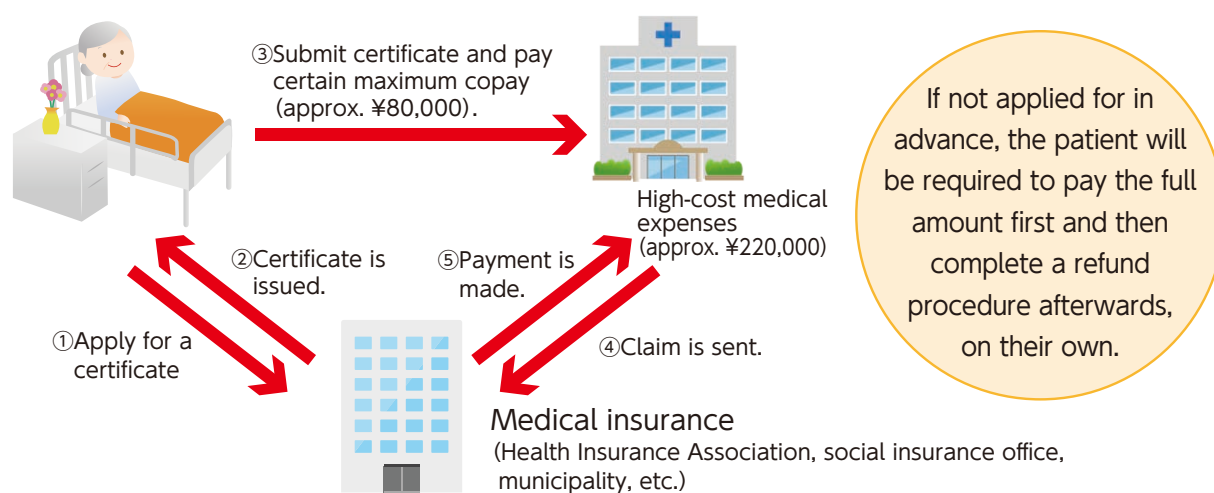
Effective October 1, 2019

Room type	Provision of hospital room is subject to consumption tax & local consumption tax	Osaka City resident	Provision of hospital room is not subject to consumption tax & local consumption tax※1	Osaka City resident	Main equipment※2
Special private room A (18th floor) 35.1㎡	¥39,600	¥33,000	¥36,000	¥30,000	Bath/shower room, sink, phone, toilet, locker, kitchen, induction stove, living room furniture set, refrigerator, built-in Blu-ray/DVD TV, internet connection (wired only)
Special private room B (18th floor) 17.5㎡ /18.5㎡	¥26,400	¥22,000	¥24,000	¥20,000	Bath/shower room, sink, phone, toilet, locker, kitchen, induction stove, living room furniture set, refrigerator, built-in Blu-ray/DVD TV, internet connection (wired only)
Regular private room (6th–17th floors)※4 16.2㎡ /17.5㎡	¥13,200	¥11,000	¥12,000	¥10,000	Toilet, locker, kitchen, induction stove, living room furniture set, refrigerator, TV,※3 DVD player,※3 internet connection (wired only)
4-bed room Semi-private unit (Window side)	¥3,300		¥3,000		Furniture for storage, stool with storage, refrigerator,※3 TV,※3 DVD player※3
4-bed room Semi-private unit (Hallway side)	¥2,750		¥2,500		Furniture for storage, stool with storage, refrigerator,※3 TV,※3 DVD player※3

※1 A room is normally subject to consumption tax and local consumption tax but it is tax-exempt if you are admitted for purposes such as prenatal/postnatal care.
※2 Types of equipment are different in some rooms. For more information, contact the admission/discharge counter on the 1st floor.
※3 Prepaid card type
※4 Specifications differ from room to room in the 6th-floor ward. For more information, contact the ward or admission/discharge counter.
※5 Kitchen and induction stoves are not installed in private rooms on the 12th-floor East ward.

High-Cost Medical Care Benefit

- If you receive the High-Cost Medical Expense Benefit when you are hospitalized, your payment for your medical expenses will be up to the limit of your copay for the portion covered by the system.
- To use this system, a procedure must be followed before admission to the hospital. You will need to apply for this system with your medical insurer (National Health Insurance or other health insurance) in advance and submit the "Eligibility Certificate for Ceiling-Amount Application" or "Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability" that was issued when completing the hospitalization procedure.
- The maximum copay one would pay at a medical institution varies according to the patient's income category. The cost of meals and extra charges for beds are not covered by the High-Cost Medical Expense Benefit System.
  The copay percentage for patients aged 70 or older varies according to income category. For more information, please contact the government office where you live. Be sure to submit your "Health insurance card," "Elderly Recipient Certificate," or "Older Senior Citizen Medical Insurance Card" on the day of your admission. The "Eligibility Certificate for Ceiling-Amount Application" or "Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability" that you use for your admission can be used for outpatient visits until it expires. (Be sure to present it at the counter.)
- The High-Cost Medical Care Benefit System is divided into the Medical Department and Dentistry Department, and Inpatient Care and Outpatient Care. You can claim your high-cost medical care benefit in two ways: (1) if you are 69 years old or younger, by adding up all your expenses payable at the counter which are ¥21,000 or more; or (2) if you are 70 years old or older, by adding up all your expenses payable at the counter, regardless of the amount. For this you will need to complete the procedure yourself.

Example : A patient with an approved maximum copay of ¥80,000 is hospitalized for surgery and the bill totals ¥300,000 with insurance coverage (30% copay) :

③Submit certificate and pay certain maximum copay (approx. ¥80,000).

②Certificate is issued.

⑤Payment is made.

①Apply for a certificate

④Claim is sent.

High-cost medical expenses (approx. ¥220,000)

Medical insurance
(Health Insurance Association, social insurance office, municipality, etc.)

If not applied for in advance, the patient will be required to pay the full amount first and then complete a refund procedure afterwards, on their own.

(Effective August 1,2018)

Patients under age 70		Applicable category	Maximum copay for same month (1st to last day of month) (per household)	If multiple times
	A	Annual income of approx. ¥11,600,000 or more	¥252,600 + (Medical expenses - ¥842,000) x 1%	¥140,100
	B	Annual income of approx. ¥7,700,000 – ¥11,600,000	¥167,400 + (Medical expenses - ¥558,000) x 1%	¥93,000
	C	Annual income of approx. ¥3,700,000 – ¥7,700,000	¥80,100 + (Medical expenses - ¥267,000) x 1%	¥44,400
	D	Annual income up to approx. ¥3,700,000	¥57,600	¥44,400
	E	Those exempted from resident tax	¥35,400	¥24,600

Patients aged 70 or older		Applicable category	Maximum copay for same month (1st to last day of month) (per household)	If multiple times
	Income comparable to active workforce	Approx. ¥11,600,000 or more	¥252,600 + (Medical expenses - ¥842,000) x 1%	¥140,100
		Annual income of approx. ¥7,700,000 – ¥11,600,000	¥167,400 + (Medical expenses - ¥558,000) x 1%	¥93,000
		Annual income of approx. ¥3,700,000 – ¥7,700,000	¥80,100 + (Medical expenses - ¥267,000) x 1%	¥44,400
	General	Annual income of approx. ¥1,560,000 – ¥3,700,000	¥57,600	¥44,400
	Those exempted from resident tax, etc.	Household exempted from resident tax	¥24,600	—
		Household exempted from resident tax (e.g., pension income of ¥800,000 or less)	¥15,000	—

- **If you have any questions, contact your medical insurer (those who have joined the Health Insurance Association, Japan Health Insurance Association, Mutual Aid Association, or National Health Insurance Societies), the municipal office where you live (those who are enrolled in National Health Insurance), Association of Medical Care Services for Older Senior Citizens in each prefecture (those enrolled in the Older Senior Citizen Medical Care System), Hospitalization Counter 20 or 21 located on the 1st floor (9 : 00 a.m. – 5 : 15 p.m., excluding non-consultation days), or Consulting Counter 2 (9 : 00 a.m. – 4 : 45 p.m., excluding non-consultation days).**

Discharge

- Healthcare professionals will contact you regarding the discharge date after your discharge is approved by the doctor in charge.
- The discharge time may be determined according to the usage condition of your bed.

※Transfers to other hospitals

- Our hospital is a specific-function hospital that provides advanced medical treatment. Please note that because we focus on acute-phase treatment, if a patient's condition has stabilized and long-term treatment is necessary, he, or she may be required to transfer to another hospital.

Issuance of certificates, etc.

- If you need medical or other certificates, please contact the office staff during your hospital stay (Monday to Friday: 9:00 a.m. – 5:00 p.m.). After you are discharged, please contact the outpatient department. (If you are a patient of the Trauma & Critical Care Center, please contact their office on the 4th floor.) If you request a certificate after being discharged from the hospital, its issuance may take several days.
  There is a fee for the issuance of medical or other certificates, and the amount varies depending on the contents and format.
  (For more information on fees and other details, please contact us in advance.)

Issuance of a "Statement of Medical Expenses"

- In order to promote transparency of medical care and provision of information to patients at our hospital, we provide a "Statement of Medical Expenses" (free of charge, as for patients receiving publicly funded medical care).
- Please handle the statement of medical expenses with due care since it contains the following important items：
  - Names of drugs used
  - Names of tests
  - Names of medical practices, etc.
- ※ If you do not wish to receive a statement, check the "Issuance not required" box on the Application for Hospitalization or inform at Hospitalization Counter 20 or 21 located on the 1st floor.

Deduction for medical expenses

- Medical expenses may be tax-deductible for income tax calculation. Receipts cannot be reissued, so please keep them in a safe place.

Handling lost items

- Items left at the time of discharge will be kept for three months in the ward where the patient was hospitalized, and then discarded if there is no claim by the patient.
  (Our hospital will not contact you regarding lost items.)