

Tonosho Town Emergency Patient Medical Transportation Fare Aid

Tonosho Town subsidizes to marine taxi fare for transporting emergency patients with the application.

Target persons	Emergency patient in Tonosho Town
Subsidy	Marine taxi fare (one way/ up to JPY 2,000) (Attach the receipt or invoice to the back side)
Application method	<p>After filling in required fields in the Tonosho Town Emergency Patient Medical Transportation Fare Aid Application Form 《separate form (Article 6 Related)》, sealing and receiving a certification of the head of the fire department of the medical institution, or at the chairman of local association, please submit it to the Public Hall or Tonosho Town Health and welfare Division. Please attach the receipt of the marine taxi fare (or invoice if unpaid).at the time of application. (Also accept by mail)</p> <p>Payment of aid will be transferred to financial institutions. If the applicant and the recipient “account holder” of the aid are different, it is necessary to fill out a power of attorney in the lower column of application form. In case of invoice, we will transfer the fare to the account of the marine taxi company directly. Therefore, please be sure to fill out a power of attorney.</p> <p>The application form should be in an official website of Tonosho Town, Teshima Community Center, Teshima Tourist Association and Tonosho Town Health and welfare Division. (Japanese only.)</p>
Contact	<p>If you have any questions, please contact us. Tonosho Town Health and welfare Division TEL0879-62-7002 (Address) Tonosho-cho fuchizaki ko 1400-2 Shozu-gun, Kagawa 〒761-4192 Teshima Community Center TEL0879-68-2050</p>

Purpose for submitting this application form, the town will pay for a marine taxi fare (one way) for emergency patients. You can use a marine taxi without paid expense (up to JPY 20,000) with fill in the circles. Please submit this application form to the marine taxi company before getting off the boat.

土庄町救急患者輸送費補助金交付申請書

土庄町長 様

年 月 日

Please write your (patient) information.
Address, Name, Cell phone number

住所 (Address) (Signature)
氏名 (Name) (Relationship to the patient) 本人
患者との続柄 本人
TEL. 〇〇〇-〇〇〇〇-〇〇〇〇

土庄町救急患者輸送費補助金交付要綱第6条の規定により、次のとおり申請します。

輸送船舶借上げ経費		円(領収書又は請求書裏面添付)
事故等の概要	発生年月日	年 月 日 曜日
	発生場所	
	発生時刻	現場 午 時 分・収容 午 時 分
	事故・急病の種類別	・水難 ・労働災害 ・一般負傷 ・急病 ・その他()
	事故又は病状の概要	
	収容先	
患者について (土庄町民でないとき)	住所	(Age) 年齢 〇〇 歳
	氏名	続柄 ()
消防機関の長、医療機関又は自治会長の証明	上記のとおり救急診療を要する患者であること及び救急輸送したことを証明する。 年 月 日 職名	

Please be sure to write an age of patient.

The account described here is the account of a marine taxi company involved in this transportation. The transportation fee will be paid into this account by Tonosho town.

(注) 証明の欄は、

なお、補助金の支払いについては、下記振込希望口座に振込をお願いします。

補助金振込希望口座	金融機関名 〇〇銀行	種類 普通	ふりがなのしょう はなこ
	支店 〇〇支店	口座番号 1234567	口座名義人 土庄 花子

Power of Attorney I will delegate receipt of aid to an account holder.

委任状 補助金の受領を口座名義人に委任します。
(Address) 住所 (Name) 氏名 (Signature) 氏名

Please be sure to write here as it indicates your intention of allowing us to transfer the marine taxi fare directly to the marine taxi company.