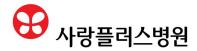
Application for several certificates

Name	Hospital no.	Department	
Contact	Period		

Type of documents	Institution to submit to	Quantity	Reference	
NA disal soutificate	Insurance company		Including the name and code of disease, name and date of surgery, doctor's opinion in regard of diagnosis, and term of admission	
Medical certificate	Workplace			
20,000₩	Institution			
De de la calcia	Insurance company		Including the name and code of disease, and doctor's opinion	
Doctor's opinion 20,000₩	Workplace			
20,000₩	Institution			
Confirmation letter of	Insurance company		Including the name and code of disease, and term of admission	
	Workplace			
admission and discharge 3.000₩	Institution			
Confirmation letter	Insurance company		Including the name and code of disease,	
of outpatient visit	Workplace			
3,000₩	Institution		and term of outpatient treatment	
Confirmation letter	Insurance company		Including the name of disease, name and date of surgery, and surgery code	
of Surgery 10,000₩	Workplace			
Doctor's initial note	Institution		A simple note from a doctor at first visit	
1,000₩	Insurance company			
Referral Complimentary	Other hospital		Including the name and of disease, and doctor's opinion	
CD Copy 10,000 ~ 20,000₩			A copy of X-ray, CT, or MRI	
Itemized receipt Complimentary				
Others				



Date of application Applicant Relationship with the patient year m d (signature)