



Department of Health, the Executive Yuan



Bureau of National Health Insurance
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The National Health Insurance Cares for Your Health

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National Health Insurance Handbook





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Chapter 1

National Health Insurance- Guaranteeing a Lifetime of Medical Rights for You

Whenever you get sick, don't forget-in addition to the doctors and nurses that take care of us, the National Health Insurance program is there by our side! On March 1, 1995 the government began the National Health Insurance program in the hope that all citizens might have access to a health guarantee.

What is the National Health Insurance program?

The "National Health Insurance" (NHI) program is an insurance program all citizens participate in starting from birth. It is a system of mutual aid in which participants pay premiums in accordance with regulations. Should a person become ill, the government uses the premium payments it has collected to pay the medical expenses to the medical institution. In this way when we are ill, we can obtain appropriate medical care for a comparatively small amount of money, and make a faster recovery.

In other words, by paying the NHI premiums each month not only do you benefit yourself when you become ill, but you also receive the help of others. And when others become ill, they also receive help from you!

It's the law-everyone must participate in NHI

The National Health Insurance program is compulsory social insurance. By law, all those with official residency in Taiwan (Taiwanese and foreigners alike), regardless of age, sex, or working status, must participate in the program. Also, this insurance is for an entire lifetime, and no one may arbitrarily withdraw, except for those who lose their insurance eligibility (such as those incarcerated, missing persons, those who give up their citizenship or official residency and move overseas, or who exceed their permitted duration of stay there).

Non-participants will be fined

If you qualify for NHI but do not participate in the program, you will incur a fine of between NT\$3,000-15,000. Additionally, the government will require you to join the program retroactively and you will have to pay back your missed insurance premiums over a period of five years, calculated from the day you became eligible for the program.

Before you finish paying your fine and/or back premium payments, NHI will not cover your doctor visits or medications; however, six months after you clear these payments, you may petition the BNHI for reimbursement of these costs (see pp. 38-39 of "How to apply for reimbursements").

Proof of NHI coverage-the NHI IC card

BNHI issues each NHI program participant an "NHI IC card" which serves as proof of participation when one seeks care at a medical institution.



Chapter 2

How Do You Participate in the NHI?

The procedures for BHNI enrollment vary with employment status; therefore, you must enroll according to your employment status. If you are unemployed or between jobs, you must continue enrollment according to your current status, and may not have a lapse in your coverage.

Please enroll according to the various employment statuses outlined below

(If you fit the criteria for #1, you may not select #2; if you fit the criteria for #2, you may not select #3, and so on):

1. If you are an employee of a company, organization or business firm, you should enroll through your work unit.
2. If you are a member of a craft union, farmer association or fisherman association, you should enroll through your association. (If you belong to two or more associations, please select one to enroll with.)
3. If you are unemployed but are a legal dependent of a relative (i.e., parents, spouses, or children), you should go to your enroll through your relative's group insurance applicant as a family dependent. (If there are two or more relatives of whom you can become a family dependent, you should select the closest blood relative or the relative whose duty it is to support you.)
4. If you are unemployed and cannot enroll as a legal dependent of a relative (i.e., parents, spouses, or children), your group insurance applicant is the village (town or district) office where you have your household registration.

Infants

Following the registration of birth, an infant legally becomes the family dependent of the father or the mother (whoever is employed; if both are employed, either may be selected) and enroll through the father's or mother's group insurance applicant as a family dependent.

Students

1. With no occupation

If you are still in school (regardless of age; however, for those aged 20 and above a school status certificate must be provided) and are unemployed, then enroll as a "family dependent" of your legal father or mother (either may be selected). If you have none, you may enroll as a "family dependent" of your paternal or maternal grandfather or grandmother; if you do not have paternal or maternal grandparents of whom you can be a dependent, enroll through the village (town, city or district) office where you have your household registration.

Coverage for youngsters over 20 years old

For those over age 20 who are still in school or incapable of making a living and who must enroll as a dependent of their parents or grandparents, the group insurance applicant shall, at the end of the month the participant reaches 20 years of age, send to a NHI branch office with jurisdiction to carry out coverage continuing insurance procedures a "Continuing Insurance Coverage Application" and photocopies of certifying documents.



2. Work-study

Students with fixed employment shall enroll at the company or business of employment.

3. Winter and summer vacation work (less than three months)

Full-time students who only work during summer and winter vacations for less than three months and return to school when classes resume, need not change the enrollment statuses during the period of employment.

4. Collaboration project

When returning to school for classes, cooperative education students may continue enrollment through the factory as “hirelings,” at the discretion of the cooperating factory.

Employed

Employed persons should enroll through the company or business firm of employment, or its affiliated organization:

1. Responsible person of the company or firm :

may establish his/her own group insurance unit (applicant); or, if employed elsewhere as well, he/she may enroll at that company, firm or organization.

2. Employee of a company or firm with a fixed employer:

enroll through employer.

3. Employed, but without fixed employer:

if holding membership in a craft union, enroll through the craft union; otherwise, enroll at the village (town, city or district) office where of household registration.

4. When a person has two different jobs:

the primary job (defined by amount of actual time worked; if working hours are the same for both jobs, the criterion is income level) confers enrollment status.

5. Leave-without-pay status:

with the agreement of the original group insurance applicant, continue enrollment by paying the original premium amount.

Unemployed

1. Unemployed with status as family dependent: enroll as a dependent of the employed family member.
2. If unable to enroll as a dependent family member, or if retired and unwilling to enroll as a dependent family member: apply to enroll as a “district-level resident” through the village (town, city or district) office.

Aliens

1. Foreign and overseas Chinese students holding Alien Resident Certificate: enroll through the school of study.
2. Those who have not established official residence in Taiwan but have a residency certificate:
 - Those with a fixed employer, may enroll through the employer.
 - Those who are unemployed but able to enroll as a dependent relative (i.e., parents, spouses, or children) may participate in the NHI system through a relative's group insurance applicant after four months of residence.
 - Those without a fixed employer nor family members with whom dependency can be claimed, should, after four months of residence, enroll through the local administration offices of residence.



Chapter 3

Special Circumstances

Loss of insurance eligibility

Those in the following situations cannot be insured; those already enrolled must withdraw:

1. Those who are confined in detention centers or in prisons as criminal punishment, rehabilitative disciplines, or reformatory education, unless their terms are less than two months. Those who are subject to a protective restriction order, however, are exempted.
2. Those who have been missing for six months or more: if missing due to some disaster, withdrawal of coverage may take place as of the day of said occurrence.
3. Those who have lost ROC citizenship, have moved their official domicile overseas, or whose residency or temporary residency permit has expired.

If you intend to be overseas six months or more...

If you plan to be overseas six months or more, you may choose to either continue or suspend your insurance coverage :

1. Continuing Coverage:

For emergencies or births overseas, one may apply for “medical expenses reimbursement”(see pages 38-39).

2. Suspension of Coverage

During the period of suspension you need not pay insurance premiums and will not be covered by NHI. All NHI medical rights will be regained upon return to Taiwan and resumption of coverage. If you return after being overseas less than six months, , cancel the suspension of coverage and make up the premium payments for the overseas period.

If an application for suspension of coverage is made after you are already residing overseas, the date of suspension must be calculated from the day the application is made and not from the day you left the country; and upon returning, you may not retroactively suspend coverage. For these reasons, it is recommended proper arrangements be made before traveling abroad. After you have suspended insurance coverage you may not resume coverage or apply for medical expenses reimbursement while residing abroad. You may only resume coverage after your return and only then will your NHI medical rights be reinstated.

A special reminder-if you choose to suspend insurance coverage, please remember to apply for it. In all cases where an application has not been made, regulations require that you remain enrolled and continue to pay insurance premiums, even if are overseas for more than six months.

How do I suspend and resume coverage?

To suspend coverage, complete a Suspension of Coverage Application Form through your group insurance applicant and submit it to your BNHI regional branch office.

If the reasons for having suspended your coverage no longer pertain-for example, you return to Taiwan to set up a permanent residence-you should resume coverage the day you return and within three days fill out a and submit to your BNHI branch office a “Coverage Resumption Application Form, ” together with a photocopy of your Household Certificate and documents showing the dates of your travel abroad (or a full photocopy of your passport).



After a lapse in coverage, how do you re-enroll and make up premiums?

If you have a lapse in coverage due to changes in employer or employment status, address, etc., you will have to pay out of pocket for any medical expenses incurred during this period (reimbursed to you upon resumption of coverage). Therefore, it is recommended you resume coverage and make up missed premiums payments as soon as possible. This is done as follows:

1. If, during the lapse in coverage you were an employee of a company, organization or business firm, go to your original work unit.
2. If, during the lapse in coverage you were a member of a craft union, farmer association or fisherman association, you should go to your union, farmer association or fisherman association.
3. If, during the lapse in coverage, you were unemployed but could legally be a dependent of an employed relative, (i.e., parents, spouses, or children) you should go to the group insurance applicant of your relative and apply as a dependent family member.
4. If, during the lapse in coverage you were unemployed, and did not have a relative of whom you could legally enroll as a dependent, please go the village (town, city or district) office where you are domiciled.

Chapter 4

Insurance Premiums: source, calculation, assistance, payment and relief plans

Where does the money come from?

The primary financial resources for the NHI program are premium payments, the burden of which is proportionally shared among the public, employers and the government. The BNHI uses income derived from premiums to help the public pay medical expenses during illness.

We emphasize here that NHI premiums only go towards defraying actual medical expenses; as for required employee salaries and administrative costs associated with the NHI program itself, these are all paid by the government and under no circumstances is premium revenue used for these items.





Beneficiaries and Relative Premium Costs

Category of Beneficiary			Percentage(%)		
			Insured	Group Insurance Applicant	Government
Category 1	civil servant government employees, voluntary military personnel	Self and dependents	30	70	0
	Private school faculty and staff	Self and dependents	30	35	35
	Employees with fixed employer in public or private enterprise or institution	Self and dependents	30	60	10
	Employer Self-employed business owner	Self and dependents	100	0	0
	Independently practicing professionals and technicians				
Category 2	Member of a craft union (craft worker)	Self and dependents	60	0	40
	Foreign national seamen serving on Taiwan vessels				
Category 3	Members of farmer, fisherman and irrigation Associations	Self and dependents	30	0	70
Category 4	Conscripted military personnel		0	0	100
	Students in military academies supported by MOND funds				
	Bereaved families of deceased military personnel	Self			
Category 5	Those doing public service of lieu of military service				
Category 5	Low-income household	Member	0	0	100
Category 6	Veterans, veteran's surviving dependents,	Self and dependents	0	0	100
	District-level residents		30	0	70
			60	0	40

Principles for calculating insurance premiums

1. The month you join the NHI system, no matter which day you enroll, the BNHI will collect a full month's premium from the group insurance applicant you participate in.
2. For the month you transfer out of the NHI system (except for those persons transferring out on the last day of the month), the original applicant need not pay the insurance premium.
3. Because the effective date is the first day of the following month, for those who transfer out of the NHI system on the last day of the month, the BNHI will collect the entire month's premium from the original insurance applicant. In cases where the transfer out has not been specifically noted and a full month's salary premium?? What salary. has not been received, the effective date of transfer out will be considered the last day of the month.

How much premium will you pay every month?

The formulas for the monthly premium are presented below. Should you still have questions about how your premium is calculated, you may seek assistance by calling a BNHI official directly. The contact telephone number of the official in charge is printed in the upper left hand corner of the premium bill the BNHI sends you or your company.

1. Employed person (with salary income)

Your monthly insurance premium=payroll-related premium base (normally determined by your actual salary*) × insurance rate (4.55%) × proportional rate (working for a fixed company:30%, working but not for a fixed company : 60%) × (insured + number of family dependents**)

2. Unemployed person (without salary income)

Overall average insurance premium(NT\$1,007) × 60% × (insured+ number of family dependents**)

* The lowest premium base is NT\$15,850 (based on minimum wage), and the maximum limit is NT\$131,700.

** Maximum of three family dependents.



What if you are unable to pay the insurance premium?

To aid the disadvantaged, some insurance premiums may be subsidized by the government:

1. Those eligible to receive full subsidies:

- Low-income households.
- Middle-income Taiwan nationals over 70 years of age.
- Aborigines who enrolled through the village (town, city or district) office as a “district resident” (i.e., unemployed) and are less than 20 years old or 55 years and older.
- Aborigines living on Lanyu Island who have enrolled as a “district resident” (i.e., unemployed), “member of a craft union, farmer association or fisherman association,” or “family dependent.”
- Those severely physically or mentally disabled.
- Those mildly physically or mentally disabled living in Kaohsiung for one year or more
- Unemployed laborers during the period when they are receiving unemployment payments or living allowance for vocational training.
- Those with 30 years of civil servant insurance who are still employed.
- Those with Retired Government Employees' Insurance with civil servant insurance seniority of 30 years who have not yet requested old-age benefits.

2. Those eligible to receive 1/2 subsidies:

- moderately physically or mentally disabled.
- Overseas Chinese who have enrolled through a school as a “district resident”

3. Those eligible to receive 1/4 subsidies:

- mildly physically or mentally disabled

4. The maximum subsidy is set based on the premium for community population, which is NT\$604 per months currently :

- Those 65 years and older who have lived in Taipei, Kaohsiung or Keelung for over one year.
- Aborigines 55 years and older who have lived in Taipei or Keelung for over one year.
- Middle-income elderly 65 to 69 years old who have lived in Tainan or Taoyuan County for over one year.
- Those with Retired Government Employees' Insurance with civil servant insurance seniority of 30 years who have not yet requested old-age benefits.

The subsidy recipients of the categories listed above need not submit an application to the BNHI. The BNHI will directly reduce or waive the insurance premium based on the data provided by the subsidy unit. If you qualify for a subsidy but are not receiving it, please contact the subsidy unit about correcting the misclassification or supplementing any missing documents. (For information about subsidy units for the disadvantaged, please visit the BNHI web page for more information: <http://www.nhi.gov.tw>)



Paying the insurance premium

1. Employees of a company or their dependents:

Premium will be directly deducted from the salary and forwarded to the BNHI by the company.

2. Those enrolled through a farmer association, craft union or fisherman association:

Please pay your monthly premium to your group insurance applicant and have it forward to BNHI before the end of the following month.

3. Those unemployed and enrolled through the village (town, city or district) office:

- Bring the payment notice sent to you by the BNHI and pay in person at the collecting financial institution.
- The best approach is to use automatic transfer payment from your bank account, which not only saves time but also will mean no overdue penalties because that way you will not forget to pay your premium. The BNHI will regularly make the first deduction for the previous month's at the end of that month (the payment deadline).

How to make automatic payments from your deposit account

1. Bring the receipt (or a photocopy) of your latest bill, bank statement, personal seal and ID.
2. Go to the financial institution where you have an account. (It must be a financial institution that collects NHI premiums. If you do not already have a deposit account at this financial institution, please arrange to open one first.)
3. Fill out a "Letter of Agreement for Authorized Automatic Payment of NHI Premiums" and give it to a bank teller.
4. The application for automatic payment will take approximately 45~60 working days to formally take effect. Before this time, the BNHI will continue to send the premium bill to you. Please continue to pay your bill at the financial institution. After the automatic payment officially takes effect, the premium will be deducted from the designated account.



What if you forget to pay or there are insufficient funds in your account?

(“late payment” and “late payment penalty” computation)

In case of insufficient funds for the automatic payment, the BNHI will make a second deduction on the 15th of each month; if the second deduction does not go through, the BNHI will not try to make another deduction but will send the bill to your home. You must then take the bill to the collecting financial institution and make the payment. For this reason, you are requested to make certain that at the end of each month (at the latest, before the 15th of the following month) you leave sufficient funds in your account to facilitate the automatic payment deduction.

No matter what method you use to pay your premium, if you do not pay within the grace period (up to the 15th of the following month), the BNHI will collect a “late payment penalty” starting from the day after the end of the grace period (i.e., the 16th of the following month), and every day of delinquency will add 0.1% to the bill.

If you are temporarily unable to pay your premium or co-pay...

If you are unable to pay your premium or co-pay for medical expenses due to temporary financial difficulties, the BNHI currently has the following options to assist you in getting through this period:

1. Installment payments:

- Application criteria: the insured has over NT\$5,000 in overdue payments (including late payment penalties) and is unable to cover the debt with a single payment due to financial difficulties.
- Application procedure: please take your ID and personal seal to your BNHI branch office or liaison office to apply for installment payments and pay your first installment at the time of application. If your debt has already been referred to the administrative enforcement authority and the BNHI is pursuing compensation through legal procedures, you must first obtain permission from the administrative enforcement authority before applying for installment payments. (For the telephone numbers and addresses of BNHI branch and liaison offices, please see pp. 40-45.)

2. Referral to a public interest group for a premium subsidy

- Application criteria: Those who have enrolled as a “district resident” at the village (town, city or district) office and are unable to pay the insurance premium.
- Application procedure: Please take your Household Register or Household Registration Certificate, as well as a Poverty Certificate issued by the village head (or if a physician has diagnosed you as unable to work and your livelihood has been jeopardized, please include the physician’s diagnosis certificate), to your BNHI branch office to submit an application. If the application goes through, you will be able to get a health insurance premium subsidy from the public interest group.



Chapter 5

Features, renewing and handling of the NHI IC card (with illustration of the card)

The BNHI began the use of NHI IC card on January 1, 2004. A photograph of the user is printed on the card, making it unnecessary to bring your ID to the medical institution as personal verification when seeking medical attention. The chip on the card is capable of keeping a record of your medical data, including any history of catastrophic illness, data on physical examinations and medication history, which will be helpful when you see a physician.

Is there an expiry on the NHI IC card?

The NHI IC card can be used continuously; even if you change your work unit, a reissue of the card is not necessary, but if one of the following situations prevails, you will have to renew the card:

1. When you have exceeded the maximum doctor visits allowed per year

The NHI IC card provides for six doctor visits but for beneficiaries who require more visits, additional visits are provided. For children under six years old, 18 visits are provided, and for those 70 years and older, 12 visits are provided. Each time you use your IC card your visit will be deducted from the total available number of visits. When you have used up your number of visits you must update the total visit number before you are able to continue using the card at a clinic or hospital.

If you have used up your visits, normally the clinic or hospital will automatically help you renew your card when you register. You can also renew your card yourself at a BNHI branch or liaison office, an “NHI IC card kiosk” located at a BNHI Outpatient Center or at a NHI IC card reader located in the village (town, city or district) office.

3. Relief Funds Loan:

- Application criteria: Those who qualify as having financial difficulties or special financial difficulties according to “Regulations for recognizing those with financial difficulties or special financial difficulties for the purpose of NHI” and who have been approved by the village (town, city or district) office.
- Application procedures: please take your ID, personal seal and the “Eligibility as a person with financial difficulties or financial economic difficulties for the purpose of NHI” certificate issued by the administration offices as well as the bill issued by the hospital for your portion of the medical expenses and apply at a BNHI branch for a Relief Funds Loan. Once the application has gone through, pay back the loan according to the schedule stipulated in the loan agreement.

4. Measures to ensure access to health care:

- Application criteria: Those who have been diagnosed by a hospital physician as requiring hospitalization and emergency treatment or those with severe symptoms needing outpatient treatment and fit the following conditions as certified by the village head or the examining medical institution
 - ① Those who qualify as middle or lower-income family according to the county or city’s standard.
 - ② Those whose family has experienced a major, unforeseen event that has led to financial difficulties
 - ③ Anyone with dependents who does not have a fixed occupation
 - ④ Those who qualify as low-income family through other criteria
- Application procedure: To apply, please take your Poverty Certificate issued by the village head which shows that you are unable to pay the insurance premium to the examining clinic or hospital. Alternatively, once the examining medical institution issued a Poverty Certificate after examination, you can receive appropriate treatment as an insured person. With regard to overdue premiums, please seek assistance from a BNHI branch to resolve this problem.



2. Change of status

If you are changing your enrollment status to low-income household or unemployed veteran, you must renew your card at an IC card reader location in order to be exempt from the co-pay when seeing a physician.

NHI IC card features

1. Record of physical exams and drug prescriptions

The NHI IC card can record medication and physical exam information so that when you seek medical attention, a doctor is able to look up this information to avoid duplicating medication or medical exams, thus ensuring your safety, raising health care quality and reducing unnecessary medical cost.

2. Record of medical visits

Medical visits and treatments must be recorded on the NHI IC card for verification. If you are transferred for treatment, “clinic transfers,” “clinic operation follow-ups” and “hospital follow-ups” are all recorded on your IC card but are not counted against your total treatment visit number except for the first visit before you transferred.

3. Catastrophic illness record

Remarks related to catastrophic illness may be directly recorded on the IC card. When the patient goes for treatment he/she only has to take along the IC card to benefit from co-pay exemption, making the whole procedure very convenient.

Persons with a “Catastrophic Illness Card” issued prior to December 2004 can ask the clinic or the hospital to help them update their card when they go for medical treatment; or they can go to an IC card reader location themselves (at the village, town, city or district office) to update the catastrophic illness data on their cards.

4. Organ donor information

You can fill out a donor agreement form with the “Organ Procurement Association, ROC” or the “Taiwan Organ Registry and Sharing Center.” These organizations will forward the information to the BNHI database, and when you update your IC card this information will be entered into the card. Doing so will allow medical personnel to become immediately aware of your willingness to donate an organ should the situation present itself.

5. Use of NHI IC card auditing mechanism to remind people to enroll in the program or to clear up overdue charges

If you are not currently enrolled in the program or have overdue payments you cannot seek medical treatment as an insurance beneficiary. When you have used up your limit of six treatment visits, your NHI IC card cannot be renew. To safeguard your medical treatment rights you are requested to carry out enrollment procedures and clear up any overdue payment.



Will my NHI IC card lead to disclosure of medical information?

The NHI IC card has a robust anti-forgery design and the card must be put through a card reader before the information can be read. In addition, the card reader must have a BNHI SAM (Security Authentication Security) card installed before the machine will operate. A strict authorization and mutual authentication mechanism is used (for example, the physician must use his own physician's card in conjunction with the IC card before any data can be read) and not just anyone can gain access to the data when they want. For this reason you need not worry that your personal information will leak out.

Handling your IC card

If the IC card surface data or chip is damaged the card will not read normally, so please pay attention to the following:

1. To avoid damage to the chip, the card should not be excessively bent or the chip marred.
2. Do not wipe the card with alcohol or a solvent or put the card in a corrosive environment where strong acid or alkali is present.
3. Avoid direct contact with electricity, water or high temperature and avoid placing the card in a strong magnetic field like that of a television or computer.

What if the IC card is damaged, lost or there is a change of name or photograph?

There are two ways to apply for a new NHI IC card:

1. You can take your ID, passport, driver's license or original of your residence certificate (for children without an ID, please bring the household register) to the local BNHI branch office to apply for and receive your IC card by paying NT\$200. The entire process takes about 30 minutes.
2. Go to the post office to submit a completed "NHI IC Card Application Form" with attached photocopy of your ID or the household register on the back of the application and processing fee (NT\$200) to the person at the service counter. (Those exempt from the processing fee should send the material themselves by mail to the BNHI branch.) You will receive your new NHI IC card in about seven working days.

Please note:

If the reason for the renewal is not the fault of the applicant, then this fee is waived. At the time your new card is issued, the BNHI will automatically cancel the old IC card, which can no longer be used.



Chapter 6

How Does an Insured Person Receive Treatment?

Remember to bring your NHI IC card when you visit a doctor.

Whether you are going to see the doctor, getting medicine or having a physical, please remember to take your NHI IC card along with you. At any clinic or hospital that has a NHI sign displayed, after paying the registration fee and your co-pay you will be able to see the doctor as a NHI beneficiary.

If, due of the emergency nature of your illness or injury you did not have your IC card with you at the time of treatment, we must ask you to first pay all related medical expenses yourself. If you take your NHI IC card to the original treating clinic or hospital, within seven days (not including holidays), the payment you made minus the co-pay amount will be returned to you.

Remember to take your “prescription” with you after you see the doctor.

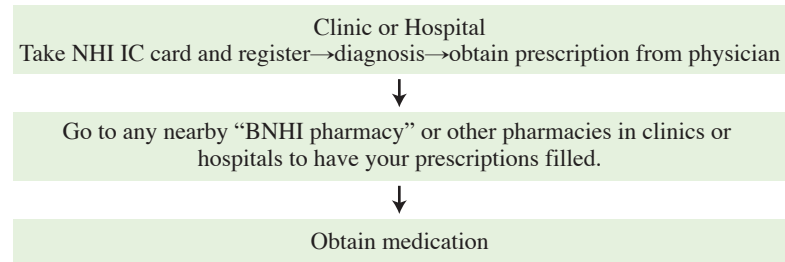
The prescription is what is popularly called a “prescription slip.” In accordance with NHI regulations, the physician is responsible for seeing the patient and deciding what medicine he or she should take. The pharmacist will then help you fill out your doctor’s prescription and remind you of what you need to be aware of while taking the medicine.

Following your visit, the doctor will give you a prescription with information on the drugs you need to take for your treatment, how to take them and what amounts to take. Please take the prescription to your nearby “BNHI contract pharmacy” within three days after your visit (the prescription is only valid for three days) to obtain the medication. (If the clinic or hospital you visit has hired a qualified pharmacist, you can take your prescription directly to the clinic or hospital pharmacy to obtain your medicine.)

The prescription should include the following:

1. Patient name and age (or date of birth)
2. Disease diagnosis and signature (or personal seal) of the prescribing physician
3. Name, address and contact telephone number of the clinic or hospital
4. Name, form, unit content, amount, dosage of the drug(s), and instructions on taking them (how long or when to take them)
5. Date of prescription and instructions on refilling prescription (i.e., how many times the prescription(s) may be refilled and the length of time between refills)

Procedure for obtaining treatment





Regulations of use for prescription

If the prescription is for oral use, a three-day supply is given, if it is for external use, a five-day supply is given. The physician can also give a maximum seven-day supply depending upon the patient's condition. If you are diagnosed with a chronic disease, the physician can write you a 30-day prescription. (For prescriptions for chronic diseases, see page 30.)

If the pharmacy doesn't happen to have the particular drug noted by the doctor on the prescription, substitutes with the same ingredients, form and dosage may be prescribed. However, substitutes cannot be more expensive than the original drug and must be covered by the NHI.

Co-payment

Patients visiting a clinic or hospital for treatment are required to pay a small portion of their bill themselves. This so-called “co-payment” represents medical expenses not covered by NHI and serves as a reminder that medical resources are precious and should not be wasted.

When you go for outpatient treatment you will have to pay a 1) basic outpatient co-payment and 2) outpatient drugs co-payment. If during your visit you receive rehabilitative physical therapy or traditional Chinese therapy, you will have to pay an additional “rehabilitation (including therapy) co-payment.” If you are hospitalized, an additional “hospitalization co-payment” will need to be paid.

1. Basic Outpatient co-payment

Type Hospital Level	Basic co-payment				
	Western Clinic		Emergency	Dental	Traditional Chinese Medicine (TCM)
	With Referral	Without Referral			
Academic Medical Center	NT\$210	NT\$360	NT\$450	NT\$50	NT\$50
Metropolitan Hospital	NT\$140	NT\$240	NT\$300	NT\$50	NT\$50
Local Hospital	NT\$50	NT\$80	NT\$150	NT\$50	NT\$50
Clinic	NT\$50	NT\$50	NT\$150	NT\$50	NT\$50

Notes:

- For those with a “Disabled Handbook” who receive treatment, the basic co-payment will be equivalent to the clinic level of NT\$50, regardless of what type of hospital is visited.
- The first follow-up visit for outpatient surgery and hospital patients will be regarded the same as a transfer; in both cases the hospital may fill out a

2. Outpatient Drugs Co-payment

Cost (NT\$)	Co-payment	Cost (NT\$)	Co-payment
100 and under	0	601~700	120
101~200	20	701~800	140
201~300	40	801~900	160
301~400	60	901~1000	180
401~500	80	1001 and over	200
501~600	100		



3. Rehabilitative Physical Therapy (including traditional Chinese therapy) co-payment

Starting from the second visit for the same course of treatment of rehabilitative physical therapy or traditional Chinese therapy, you will only have to pay NT\$50 per session.

4. Hospitalization co-payment

In a NHI contract hospital, you are required to make the following payments:

Ward	Proportional Co-payment			
	5%	10%	20%	30%
Acute	--	30 days or less	31-90 days	61 days and over
Chronic	30 days or less	31-90 days	91-180 days	181days and over

Note:

If you are hospitalized in an acute ward for the same disease for 30 days or less, or in a chronic ward for 180 days or less, your co-payment limits are stipulated as above, with the maximum payment levels announced once each year. For example, for the period January 1~December 31, 2006, if you were hospitalized in an acute ward for the same disease for 30 days or less or in a chronic ward for 180 days or less, the maximum co-pay is NT\$26,000 for each hospital stay and NT\$43,000 for a year's stay in the hospital. You can apply for reimbursements the following year for co-payments made on stays exceeding the one-year maximum.

Reimbursement procedure:

Fill out the application and attach the original bill with the medical expense chart and take it to a BNHI branch office. (The application form may be obtained at a BNHI branch office or downloaded from the Internet at: <http://www.nhi.gov.tw/> 民衆服務/各類申請表單的網頁)

Co-payment is waived under certain conditions

1. Waiving co-payment for drug

- ① Chronically ill patients filling prescriptions from the “Chronic Illness Prescription Refill Card” (The BNHI has announced 97 chronic diseases, including hypertension and diabetes. Please see Chart 6 in the Appendix.).
- ② Those receiving dental services
- ③ Those receiving “case payment” service as stipulated by NHI medical expenditure benefits standards.

2. Waiving co-payment for rehabilitation (including traditional Chinese therapy)

- ① Rehabilitative treatment (including traditional Chinese therapy) in the “moderate ~ complicated” category (i.e. three or more of the 14 items of moderate treatment with a total treatment time of over 50 minutes, such as in neuromuscular electronic stimulation)
- ② Rehabilitative treatment in one of the seven items of the “complicated” category (Treatment must be given by the rehabilitative professional, such as for balance training. Limited to prescriptions for rehabilitation.)

3. Waiving co-payment for treatment

- ① Patients with a “catastrophic illness” as declared by the Competent Authority whom suffer from cancer, mental illness, hemophilia, or are on kidney dialysis or have a rare disease. (For catastrophic illnesses as declared by the BNHI, see Chart 7, Appendix.)
- ② Childbirth
- ③ Preventive health care service (childhood physical check-ups, adult physical exams, cervical cancer screening, breast exams and physical exams for pregnant women.
- ④ Visits to NHI contract medical institutions in mountainous areas and offshore islands (These areas are listed in Chart 8 in the Appendix.)
- ⑤ Patients transferred from offshore island medical institutions to a clinic or emergency room
- ⑥ Centenarians
- ⑦ Veterans
- ⑧ Low-income households
- ⑨ Children under the age of three
- ⑩ Registered TB patients on the watch list going to designated contract hospitals for treatment
- ⑪ Those with labor insurance have job-related illnesses or injuries
- ⑫ Yusho disease patients with toxic levels of PCBs



Receipt, itemized medical expense chart and medications list

After your treatment visit or when you are discharged from the hospital, please remember to obtain and save your receipt, itemized medical expense chart and medications list from the clinic or hospital.

1. Receipt

The details on your “payment receipt” should include “registration fee” and “co-payment.” When you report your income taxes, this receipt qualifies for itemized deductions.

Some clinics and hospitals will issue a separate “payment receipt,” while others will print it together with the “itemized medical expense chart” on the same sheet of paper.

2. Itemized medical expense chart

The “itemized medical expense chart” should include the deductible amount paid for the visit (including registration fee and co-payment), overall medical expenses, amount of NHI claim, and itemized costs (including diagnosis, treatment, drugs and pharmaceutical care fees). Western rehabilitative physical therapy or traditional Chinese therapy requires that the “itemized medical expense chart” include the procedures and the amount of time.

With this chart, you can check after the visit to see whether your clinic or hospital collected the correct co-payment and view the medical expenses that the BNHI will pay for.

3. Medication list

The “medication list” should include the name of the person seeking treatment, names of the drugs, amount, number of doses, length of time, method of usage, side effects, and name of dispensing druggist. This information can be printed on the medication container.

The “medication list” can help you learn exactly what medications you are taking as well as how to take them. If you see doctors from different departments, you can simply give the treating doctor the list for his/her reference.

For uninsured items, the doctor should first inform the patient

Whenever a doctor is providing you treatment “not covered by NHI,” he/she must first seek your agreement before proceeding. (For “Medical Treatments not Covered by the NHI,” please see Chart 9, Appendix.)

If your medical expense chart has “uninsured” and related charges listed that you have questions about, you can seek help by asking the hospital or calling the BNHI toll-free consultation service at 800-212-369 or 0800-030-598.



Medical Services not Covered by the NHI:

1. Medical service items, in which the expenses shall be borne by the government according to other laws or regulations;
2. Immunization and other medical services, in which expenses shall be borne by the government;
3. Treatment of drug addiction, cosmetic surgery, non-post-traumatic orthodontic treatment, preventative surgery, artificial reproduction, and sex conversion surgery;
4. Over-the-counter and non-prescription drugs, which should be used under the guidance of a physician;
5. Services provided by specially designated doctors and nurses, and senior registered nurses;
6. Blood, except in the case where a doctor necessitates a blood transfusion for an injury or illness;
7. Human-subject clinical trials;
8. Hospital day care, except for psychiatric care;
9. Food other than those used for tube feeding and balance billing for wards;
10. Transportation, registration fee, and certificate for the patient;
11. Dentures, artificial eyes, spectacles, hearing aids, wheelchairs, canes, and other treatment equipment not required for positive therapy;
12. Other treatments and drugs promulgated by the Competent Authority not to be covered.

Chapter 7

NHI Benefits (according to type)

Besides doctors and nurses take care of us when we are sick, don't forget the NHI is always standing by our side. The government launched NHI program since March 1, 1995 in hopes of protecting all citizen's health.

Outpatient care and Referrals

When seeking medical treatment as an NHI member, all you have to do is pay the co-payment and the BNHI will pay the majority of outpatient treatment and medication costs. (For details on the “basic outpatient co-payment” and “outpatient drugs co-payment” see pages 20-21.)

1. Please go to a clinic for basic treatment-you will be transferred to a hospital if necessary

To allow all levels of medical institutions to provide you with the best service, it is recommended that when sick, you first visit a doctor at a community clinic for treatment. If surgery, further examination or hospitalization is required, the clinic will assist in transferring you to a hospital.

The benefit of doing things this way is that you can set up a complete medical history with the community doctor and receive professional medical service; in addition, you can reduce the time and money you spend looking around for a physician.



2. If you go to a hospital for treatment without referral, your costs will be higher

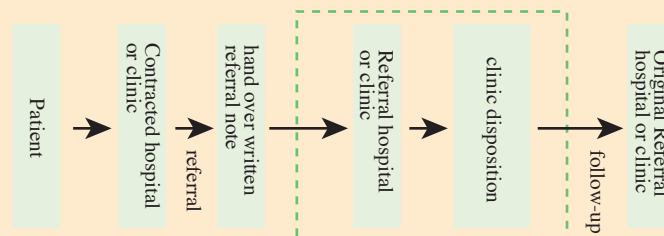
Since July 15, 2005 the basic outpatient co-payment at a community clinic has remained NT\$50. If your condition requires it, you can take the referral note made out by the clinical examining physician to a local or metropolitan hospital, or an academic medical center to receive further treatment. A follow-up visit within 30 days for hospital outpatient surgery or a hospitalization is regarded the same as a referral.

If you go directly to a local or metropolitan hospital, or an academic medical center for treatment without referral (this does not include a dentist, traditional Chinese medicine or rehabilitation) the “outpatient basic co-payment” will be NT\$30, NT\$100 or NT\$150 more than if you had a referral. (For details, see page 20.)

How to be referred

Just keep in mind the following tips and you'll be able to efficiently receive a referral:

- Step 1: When you are sick, first go to a nearby community clinic or family doctor and request the physician to issue an initial diagnosis and treatment.
- Step 2: If you require surgery, examination or hospitalization the physician will give you a referral note and recommend a transfer to a hospital for further treatment.
- Step 3: Please go to the referral service desk or window of the designated hospital during the referral note's period of validity and hand the note over for verification.
- Step 4: After the hospital receives the referred patient (you), it will inform the original treating clinic of the disposition of the case and recommendations or a summary of the medical record upon the patient's release from the hospital within three days for outpatient service, and within 14 days for hospitalization.
- Step 5: After hospital outpatient surgery or release following hospitalization, the first follow-up will be regarded the same as a referral, and the outpatient basic co-payment will not increase.
- Step 6: Patients who do not need continuing referral hospital or referral clinic treatment but who still need follow up should return to their original treating contract hospital or clinic for this continuing treatment.



Remarks:

- 1. With regard to “referrals,” hospital-to-clinic, clinic-to-hospital or referral in or out, all are equally considered “referrals.”
- 2. All NHI contract hospitals and clinics can write referral notes. With this referral note the patient can go to a designated hospital of any level for treatment without having to transfer within the same level.



Same course of treatment

When continued treatment for the same diagnosis is required in the following specific services, this constitutes “same course of treatment.” Patients in this category need only pay the “outpatient basic co-payment” the first time they go in for treatment and will be charged for only one treatment visit. For further “same course” treatments, you will only have to pay NT\$50 for the “outpatient rehabilitation (including traditional Chinese therapy) co-payment” and nothing more. Though it is unnecessary to deduct a treatment visit from your NHI IC card during the outpatient session, you will still have to bring your card for verification.

1. Western Medicine

- ①Rehabilitation, in principle six sessions constitute one course of treatment
- ②Light therapy for skin disorders, in principle six sessions constitute one course of treatment
- ③Blood transfusions (dialysis) taking place over a one-month period
- ④Chemotherapy or radiation for cancer taking place over a one-month period
- ⑤Hyperbaric oxygen therapy taking place over a one-month period
- ⑥Immunotherapy taking place over a one-month period
- ⑦Home care taking place over a one-month period
- ⑧Mental illness community rehabilitation therapy taking place over a one-month period
- ⑨Psychiatric activity therapy, diversional, industrial and occupational therapy and psychotherapy taking place over a one-month period
- ⑩Changing the dressing of a simple wound within two days of normal treatment
- ⑪An illness-required injection once or several times a day at a contract clinic or hospital, three days constituting one course of treatment

2. Dentistry

- ①Root canal treatment
- ②Tooth extraction
- ③Tooth restoration
- ④Therapeutic scaling

3. Traditional Chinese Medicine

- ①Acupuncture: six sessions within 30 days at the same clinic constitutes one course of treatment
- ②Dislocation therapy: six sessions within 30 days at the same clinic constitutes one course of treatment

Please note:

- 1. If the same physician who provides other treatments during the course of treatment, no extra count of visits will be recorded.
- 2. If during the course of treatment there is a change in your illness, rendering it impossible to continue with the original treatment, it is no longer part of the “same course of treatment.” It is then necessary that the standard procedure of registration, doctor visit and fee collection to be followed.



Emergency care

The BNHI will help you pay the majority of costs related to emergency care such as: diagnosis, physical examination, lab tests and medications. All you have to do is pay the “co-payment for emergency care.” (Please see page 20 for details on the co-payment.)

Hospitalization

When any beneficiary of the NHI program requires hospitalization, the BNHI will help pay the “insured bed ward fee” and most of the “hospitalization fee.”

1. Ward fee

“Insurance beds” refers to three or more beds per ward. If you are in an insurance bed, the ward fee is covered entirely by the NHI. Otherwise, you will have to pay the difference between the actual fee and the allowed amount. The ward fee begins the day you enter the hospital, but does not include the day you are discharged; in other words, “admitting day, not discharging day.”

2. Hospitalization fee

There is no time limit on a hospital stay. This is entirely determined by your illness. The BNHI will consider the number of days of your hospitalization and will help you pay from 95%~70% of the hospital costs. You only have to cover 5%~30%. (For details of the hospitalization co-pay please see page 21.) If the physician judges your hospitalization no longer necessary but you insist on staying in the hospital for treatment the BNHI will no longer cover costs and you must pay for your own hospitalization. In addition, the coverage of some specific medications is governed by regulation. Only after a physician evaluates the situation and the medication is deemed applicable will its cost be covered under NHI.

Home care

Home care is carried out in coordination between doctors and a nurses. Home care services provided include: home visit, diagnosis, therapeutic supplies and general treatment procedures. In addition there is tube and ostomy nursing service for respiratory, digestive and urinary systems and collection of tissue samples for lab work. Also, family members or caregivers are given direction on how to help care for the patient.

How to Apply?

- ① If a hospital patient is evaluated by a physician as meeting the criteria for home care, the home care department of the hospital will take over the case directly or will refer the case to another medical or nursing care institution with a home care department.
- ② If it is not a hospitalization case but is evaluated by a physician as meeting the criteria of home care, application may be directly made to a medical or nursing care institution with a home care department.



Evaluation criteria for home care services

1. When the patient is awake, he/she is confined to a bed or chair more than 50% of the time.
2. There are clear-cut treatment and care services that are required.
3. Patients suffering from chronic diseases need longterm care or patients released from hospital require continuing care.

Related NHI Regulations

- ① Home care during one and the same month is considered a course of treatment. Each month only the first visit by medical personnel is deducted as a treatment visit on the NHI IC card.
- ② Home service visits in principle for nurses are two per month, for doctors they are one every two months.
- ③ The patient must make a co-pay of 10% of the actual medical expenses per home visit. (Except for those meeting the criteria for co-pay exemption.)
- ④ The patient must cover the transportation costs of medical personnel making a home visit.

Chapter 8

Medical Rights of Specific Groups

Chronic disease patients (Chronic Illness Prescription Refill Slip)

After the doctor diagnoses you as having a “BNHI-announced chronic illness” (Please go to the BNHI web site for this information at <http://www.nhi.gov.tw>.) but your illness has stabilized and you have only to take your medications according to schedule to keep your illness under control, then the physician will prescribe you a “chronic illness refilled prescription” that will save your medical expenses.

The “chronic illness prescription refill slip” has a validity of three months with a maximum of two refills, each refill constituting a 28~30-day supply of the medication. Each time you get your medication you must use your NHI IC card but your “treatment visits” will not accumulate, only the number of times you have used the prescription will be noted, and you will not have to cover the medication co-pay.

The “chronic illness prescription refill slip” can save you a lot of medical expenses but whether it is appropriate for you to be using “a normal prescription” or the “chronic illness refilled prescription” must be a decision of the physician. Even if your illness is grouped under the BNHI-declared chronic illnesses, if the illness has not yet stabilized and you need regular follow-up visits to the clinic or hospital, you may not be a suitable candidate for the “chronic illness prescription refill slip.”



Using the “Chronic Illness Prescription Refill Slip” Guidelines

1. To avoid a lapse in taking your medications, please make certain that within seven days of finishing up your prescription you take your “chronic illness refilled prescription” to the original diagnosing clinic or hospital or a BNHI contract pharmacy to get your refill. In case of necessity, you can also go another contract clinic or hospital or a health station to get your medication.
2. If you plan to go abroad and think you will be gone for more than one month, you simply have to present your airline ticket and documents giving sufficient proof that you will be going out of the country at the time you get your medications and you will be able to get a two-month supply. The maximum limit is a two-month supply to prevent loss of potency resulting from overly long storage.
3. If you experience any unpleasant side effects while you are taking the medications on your prescription, you should immediately go to the original clinic or hospital to see a doctor, and remember to bring the original prescription and discuss the situation with your primary physician. Remember, you must by all means let the doctor know the medications on your prescription so the doctor will not unwittingly duplicate medications and endanger your medication safety.
4. If you are not careful and lose your “chronic illness prescription refill slip,” please go to the original clinic or hospital for your medical visit.

Catastrophic illness patients

When a patient is confirmed by a physician to be suffering from a “catastrophic” illness as defined and announced by the Central Competent Authority, an annotation with regard to this illness will be made directly on the NHI IC card. When the patient goes to the hospital for treatment all co-pays are waived (but the patient still must cover the registration fee). However, this benefit is reserved only for catastrophic illnesses. For other illnesses the patient will have follow the normal procedure of registering and paying fees.

Occupational injuries or diseases

As long as you have labor insurance in addition to NHI, when you go to a NHI contract clinic or hospital for an occupational illness or injury not only are you exempt from any co-pay, the Bureau of Labor Insurance will cover one half your board costs for a hospital stay of 30 days or less.

Occupational injuries or diseases definition:

- ①injury that has occurred while someone is working.
- ②disease that has occurred at the workplace related to one's work
- ③injury from accident that has occurred on the way to or from work
- ④an occupational disease

Documents you need to bring when you see the doctor:

- ①Labor Insurance Program's medical treatment form for occupational injury/disease (outpatient request form, or hospitalization application form)
- ②NHI IC card

Note:

1. The “Labor Insurance Program's medical treatment form for occupational injury/disease” is available from the group insurance applicant, the Bureau of Labor Insurance or its local offices. Please see the website of the Bureau of Labor Insurance at <http://www.bli.gov.tw>.
2. The “Labor Insurance Program's medical treatment form for occupational injury/disease” is limited to a single clinic or hospital for a single injury/disease. One form can be used six times.
3. If you go for outpatient treatment without the “Labor Insurance Program's medical treatment form for occupational injury/disease,” as long as the occupational disease physician confirms that you do suffer from an occupational disease, you will be exempt from all co-pays.



What can be done if you forgot to take “Labor Insurance Program's medical treatment form for occupational disease” with you when seeing a doctor and had paid the co-pay already?

1. Within 7 days (not including holidays) after outpatient service or after discharge from hospital, the Labor Insurance Program's medical treatment form for occupational disease must be provided to the originally treating clinic or hospital, after which the co-pay you made will be refunded.
2. After 7 days, please attach the following documents and mail to the Bureau of Labor Insurance requesting reimbursement:
 - ① the Labor Insurance Program's medical treatment form for occupational disease
 - ② medical expense reimbursement application form
 - ③ receipt and medical expense chart (original)
 - ④ diagnosis certificate

Note:

The “medical expense reimbursement application form” can be obtained at any Labor Insurance Bureau branch office; or you can use the Labor Insurance Bureau's automated return FAX system or the web site to download the document.

1. Web site: <http://www.nhi.gov.tw/> 民衆服務/各類申請表單的網頁
2. FAX: (02)2708-0068. After you dial the number on your own FAX machine, touch “1” for documents and then the code number “544000” for the “medical expense reimbursement application form.”

Rare diseases

The BNHI handles orphan drugs and rare diseases as “special benefits” so that patients can receive appropriate treatment.

Patients suffering from rare diseases can seek treatment at any BNHI contract medical institution. The clinical physician will handle the case and prescribe medications in accordance with the diagnosis and will also refer to the relevant regulations governing medication insurance benefits to determine and process NHI benefits.

If the required drugs have not yet received a permit, but the Department of Health has agreed to their import (or manufacture) on a special cases basis and have been listed for appropriate use as a drug under the “Rare Disease and Orphan Drug Act,” then they must undergo an examination for specific case use by the BNHI before they can be used. For the application procedure please consult the BNHI web site.



Chapter 9

Other Medical Services

NHI family doctor integrated care

This system consists of 5~10 primary care clinics and local hospitals in the same area who cooperate to form a “community medical care group” to join forces in caring for the community population.

Services provided:

1. The “community medical group” has set up a 24-hour medical counseling hotline that can answer any of your questions immediately while also providing continuing and comprehensive medical care.
2. The medical group will set up a comprehensive family health file for the entire family. When someone in the family falls ill, the doctor can immediately and effectively get a handle on the family member’s illness, do follow-up treatment and keep the family member in good health.
3. If there is a need to proceed to a hospital for an examination or treatment or make an appointment with another specialist, your community family doctor will get in touch with the cooperating hospital and help you transfer over. Your medical record will accompany you to the cooperating hospital, which will save you unnecessary examinations, medications and cut down on your wait time for a hospital bed.
4. After your illness has stabilized you can go back to your original family clinic and resume your continuing medical care.

How do you join in a “community medical group”?

All you have to do is register at a Community Medical Group near where you live and you can become a “healthy family” member. You register as a family and in principle one household is registered with one family doctor. The procedure is very convenient and is completely free of charge.

If you want to find out what clinics near you are members of a “community medical group,” you can call the BNHI via the toll-free direct line or search the BNHI web site at <http://www.nhi.gov.tw>.

Pay for performance projects

“An ounce of prevention is worth a pound of cure.” For most diseases, if screening and early detection can be done at the very beginning when they first appear and early treatment follows, the chances of a cure are enormously improved. Also, there are some chronic diseases and diseases requiring long-term treatment that, if the patient takes timely medication for them under the direction of a physician, can be suitably controlled allowing the patient to live a normal life.

Based on the concept of “purchasing health for the public,” the BNHI has developed a set of “pay for performance projects” in the hope that through an adjustment of payment fees it will provide appropriate incentives to induce medical institutions in turn to provide patients with comprehensive and continuing medical care and that, additionally, by using medical quality and effectiveness as a criterion for determining payment fees, an innovative plan for purchasing health has really been created.

Services

Currently the pilot diseases covered under the projects include: cervical cancer, breast cancer, TB, diabetes, asthma, and hypertension. The traditional hospital approach is turned upside down, going from a situation where the patient searches out a doctor to one where the hospital takes the initiative to help the patient and works with the patient to map out a treatment plan, reminding the patient to take medications in a timely manner, doing follow-up and making patient home visits.



How to join

Just go to the BNHI web site at <http://www.nhi.gov.tw> to do a search or make a phone call to any BNHI branch office and ask for a list of hospitals participating in the plan, then you can just go directly for treatment.

If a physician's diagnosis confirms you suffer from an illness designated by the plan you need not make application. The specialist medical team will take your illness in hand and write up a comprehensive treatment plan. As a reminder, for the sake of comprehensive treatment and later follow-up, we ask you to please select the same medical institution for your continuing medical care.

Note : If you want to know more about the medical qualities of the hospitals or clinics, you can search our website for " Disclosed Medical Quality Section".

Preventive health care

1. Adult Preventive Care Service

Adults 40 years and older can enjoy the benefits of adult preventive health care service provided by the BNHI. All co-pays are waived. All that is required is a registration fee.

Service Periods

- 40~64 years of age, once every three years
- 65 years of age and older, once a year
- 35 years of age and older suffering from infantile paralysis, once a year

Note: If you currently are, or within the past year have been, hospitalized or received home care or have had a cholesterol or blood sugar test, you may consider avoiding the duplication of this preventive health care service.

Lab Tests

Stage I	<p><i>Examinee should first fill out form and get the following tests:</i></p> <ol style="list-style-type: none"> 1. Blood test: standard blood test (white and red cell count, platelet count, hemoglobin or hematocrit), A/G ratio, SGOT, SGPT, cholesterol, triglycerides, urine acid, blood urea nitrogen, creatinine and blood glucose. 2. Urinalysis: standard urinalysis (color, acid level, protein, sugar, occult blood, red, white blood cells, pyocytes and casts. 	<p>After Stage I tests are done, you can go to a contract medical institution at a pre-arranged time for the Stage II physical examination and health counseling.</p>
Stage II	<p><i>Interpretation of Stage I Test Results</i></p> <ol style="list-style-type: none"> 1. Physical examination: individual and family medical history, height, weight, hearing, vision, oral exam, breast exam and blood pressure. 2. Health Counseling: nutrition, smoking cessation, betel nut cessation, safe sex, moderate exercise, accident and injury prevention and psychological adjustment. 	

2. Childhood preventive dental care

For children under five years of age the BNHI provides a maximum of two preventive dental health care services a year, each separated by more than 180 days, consisting of a fluoridation treatment. All co-pays are waived and only registration fees must be paid.



Chapter 10

Medical expenses reimbursement

Sometimes due to an emergency, there is no time to go to a NHI contract clinic or hospital and it is necessary to go to a nearby non-contract clinic or hospital emergency room, or, when you are abroad traveling or on business, you get injured, become ill or give birth and receive treatment at a local clinic or hospital. All you have to do later is to prepare the relevant documents and apply to a BNHI branch office within the allotted time period, and the BNHI will examine your case and appropriately reimburse you the medical expenses.

Application period

Within six months, calculated from the day treatment ends and you are discharged from the hospital. That is to say, six months from the first day, you go to the clinic or the emergency room or the day you are discharged from the hospital. This deadline is the same whether the event occurred abroad or at home. If you exceed the allotted time period you cannot apply for reimbursement, so you should keep track of the time.

Documents you must prepare

1. Medical Expenses Reimbursement Application Form

You may obtain the application form in any one of the following ways:

- ① Go directly to the counter at your nearby BNHI branch office.
- ② Use the automated return FAX. Please first dial (02) 2708-0068 then enter "544000" and the BNHI automated return FAX will FAX you a copy of the form.
- ③ Download the form from the Internet at <http://www.nhi.gov.tw/民衆服務/各類申請表單的網頁>

2. Original of medical expenses receipt, medical expense statement

If you are not careful and lose your original receipt or medical expense statement, you can request the original clinic or hospital help you make a photocopy. The clinic or hospital should be stamped on the document and the reason you are unable to present the original should also be written on the copy.

3. Diagnosis certificate or documentary proof

Please get the following documentary proof from your doctor or hospital:

For clinic or ER, please prepare a "Certificate of Diagnosis."

For hospitalization, in addition to the "Certificate of Diagnosis," you should prepare a "Hospital Discharge Medical Record Summary."

If the diagnosis or the certificate is written in English, please attach a Chinese translation.

4. If you are applying for reimbursement for medical expenses incurred abroad, you are also requested to prepare a photocopy of documentary proof showing exit and re-entry to the country or to ask your company to help you produce related documentation.

How to apply

Submit all the above documentation to your group insurance applicant (the company, union or organization that helped you enroll in the NHI), who will help you make application to the BNHI branch office.



Reimbursement maximums

Requests for reimbursing medical expenses for clinics, ER treatment and hospitalization incurred outside of Taiwan (which includes overseas locations and mainland China) that are covered by the NHI are handled like applications to the BNHI for expenses made by Taiwan NHI contract medical institutions. All applications must undergo a professional review for medical rationale, while coverage scope and conditions are the same as for domestic cases and must conform with the relevant regulations governing NHI coverage. Maximum reimbursement levels have been set as follows: the previous quarter's average cost covered by the NHI for an academic medical center clinic visit, an ER visit or one day of hospitalization for one person. Because the maximum reimbursement level fluctuates from time to time frequently, people who need to know this reimbursement level may call the NHI toll-free number to inquire about this information.

Note: When the reimbursement is calculated the monetary exchange rate is based on the exchange rate of the day the application is made.

A Final Word

If there are some parts of the NHI program that you do not understand or if you have any opinions you can contact the BNHI in any one of the following ways:

1. Call the toll-free number 0800-212369 and a specially designated person will answer your questions.
2. You can visit the public suggestion box at the BNHI web site and send in your e-mail (<http://www.nhi.gov.tw>)
3. Write down your opinions or questions and send them to PO Box 117-900, Taipei.
4. Go in person to the BNHI branch or liaison office.



Appendix

Telephone numbers and addresses for the BNHI and its branch offices

Branch	Tel.	FAX	Address	Jurisdictional District
Headquarters	http://www.nhi.gov.tw			
	02-27065866	02-2702-5834	140 Hsinyi Rd., Sect.3, Taipei	Taiwan-Fuchien
Consultations and complaints	0800-212369			
NHI IC card	0800-030598			
Taipei	http://www.nhitb.gov.tw			
	02-25232388			Taipei City
Call service center	02-21912006	02-23816825	7 Chungshan North Rd., Sect. 1, Taipei (insurance enrollment unit)	Taipei County
Care renewal	02-25232388 ext.6225	02-25317198	17 Hsuehchang St., 8th fl., Taipei (Health Care Management Unit)	Keelung City
Preventive health care	02-25232388 ext.6742-6745 、6755-6757 、6747、6765	02-23312144	17 Hsuehchang St., 8th fl., Taipei (Health Care Management Unit)	Ilan County
Treatment complaints	02-23486753	02-23825162	15-1 Kungyuan Rd., 8th fl., Taipei (Medical Expenditure Review Unit)	Lienchiang County
Catastrophic illness card	02-23486771	02-23825383	15-1 Kungyuan Rd., 8th fl., Taipei (Medical Expenditure Review Unit)	
Pre-review	02-23486581	02-23825383	15-1 Kungyuan Rd., 8th fl., Taipei (Hospitalization Unit)	
Reimbursements	02-23486479	02-23825255		

Branch	Tel.	FAX	Address	Jurisdictional District
Liaison office Kinmen	0823-34515	0823-34516	2 Fuhsing Rd., Hsinshih, Chinhu Village, Kinmen County (Kinmen County Hospital)	
Lienchiang	0836-22368	0836-22390	164 Fuhsing Village, Nangan Township, Lienchiang County (Lienchiang County Bureau of Healthm)	
Keelung	02-24282799	02-24282621	268 Hsiner Rd., 1st fl., Keelung (DOH Keelung Hospital)	
Ilan	039-367657	039-369229	152 Hsinmin Rd., 1st fl., Ilan (DOH Ilan Hospital)	
Northern Region	http://www.nhinb.gov.tw			
Northern Region Enrollment Unit	(03)4381111	(03)4381800	Shantung Rd., Sect. 3, Chungli City, Taoyuan County	Taoyuan Co.
New Units	ext.2003、2004、2005	(03)4381810		Hsinchu City
Category I (insured)	ext.2032、2063			Hsinchu Co.
Category II and III	ext.4128	03-4381848		
Category V and VI	ext.1007	03-4381848		Miaoli Co.
Online enrollment & withdrawal Enrollment Unit 2	03-4376820 03-4381805	03-4381810 03-4381848		



Branch	Tel.	FAX	Address	Jurisdictional District
Health Care Management	03-4381824	03-4381821		
Toll-free service tel.	0800-068800			
Liaison office Hsinchu City	03-5335847	03-5335809	3 Wuling Rd., North District, Hsinchu	
Hsinchu County	03-5527615	037-273964	226 Kuangming 9th Rd., Chupei City, Hsinchu County	
Miaoli City	037-273995	037-273964	135 Chungshan Rd., Miaoli	
North Taoyuan	03-3365128	03-3392391	440 Fuhsing Rd., Taoyuan City	
Central Region	http://www.nhitb.gov.tw			
General information	04-22583988	04-22531242	Shihcheng North 1st Rd., Taichung	Taichung City
IC card renewal	04-22583988 ext.6311、6315、6322、6353	04-22531211		Taichung Co.
Toll-free service tel.	0800-212369			Changhua Co.
Enrollment	04-22583988			Nantou Co.
Contracts	04-22531175	04-22531237		
Medical expenses complaints				
· Western hospitals	04-22583988 ext.6517、6518	04-22531187		
· Dental clinics	04-22583988 ext.6639	04-22531237		

Branch	Tel.	FAX	Address	Jurisdictional District
· Western clinics	04-22583988 ext.6816、6817、6818	04-22531219		
· TCM clinics	04-22583988 ext.6804、6805	04-22531219		
Reimbursement	04-22531234	04-22531237		
Pre-review	04-22583988 ext.6734	04-22531218		
Liaison office Fengyuan	04-252-0080	04-25260148	100 Yung kang Rd., Fengyuan, Taichung County	
Shalu	04-26653884	04-26653923	117 Shatien Rd., Shalu Township, Taichung County	
Changhu	04-7519639	04-7518477	52 Luning South Rd., Changhua	
Nantou	049-2236008	049-2236009	15 Chiahe North Rd., Nantou	
Southern Region	http://www.nhinb.gov.tw			
Southern Region	06-2245678	06-2244292	96 Kungyuan Rd., Central-Western District, Tainan	Yunlin Co.
General information	06-2244388	06-2244426		Chiayi City
Enrollment Unit 1	06-2245678 ext.1601-1604	06-2244317		Chiayi Co.
Enrollment Unit 2	06-2245678 ext.1605、1608	06-2250353		Tainan City
				Tainan Co.



Branch	Tel.	FAX	Address	Jurisdictional District
Enrollment Unit 3	06-2245678 ext.1607	06-224-4422		
Health care management Contracts, complaints, investigations, cases	06-2245678 ext.4512、4517 06-224-4370	06-225-0360 06-224-4370		
Service Center	06-2245678 ext.1302	06-224-4388		
Liaison office Yunlin	05-5339080	05-5339057	354 Chuangching Rd., Touliu, Yunlin County	
Chiayi Hsinying	05-2336930 06-6321619	05-2336541 06-6321620	131 Te-an Rd., Chiayi Hsinchin Rd., Hsinying, Tainan County	
Kao-Ping	http://www.nhitb.gov.tw			
General Information	07-3233123	07-3159640	157 Chiuju 2nd Rd., Sanmin District, Kaohsiung	Kaohsiung City
Enrollment Health care management Primary care contracts	07-3233123 07-3233123 ext.2604、2606、2608	07-3136370 07-3159620		Kaohsiung Co. Pingtung Co.
Hospital contracts	07-3159712 07-3233123 ext.2766、2722、2709、2714	07-3119539		Penghu Co.
Liaison office Pingtung	08-7380740	08-7382474	270 Tzuyu Rd., 1st fl., Pingtung (DOH Pingtung Hospital)	

Branch	Tel.	FAX	Address	Jurisdictional District
Penghu	06-9261082	06-9264392	115 Chungcheng Rd., Makung, Penghu County (Penghu County Government Bureau of Health)	
Liaison office Kangshan	07-6244408	07-6244397	12 Shoutien Rd., Kangshan Township, Kaohsiung County (Kangshan Show Chwan Hospital)	
Chishan	07-6623770	07-6623779	60 Chunghsueh Rd., Chishan Township, Kaohsiung County (DOH Chishan Hospital)	
Tungkang	08-8311490	08-8311491	210 Chungcheng Rd., Sect. 1, Tungkang Township, Pingtung County. (Antai Hospital)	
Eastern Branch	http://www.nhinb.gov.tw			
Eastern Branch	03-8332111	03-8332011	36 Shiuanyuan Rd., Hualien	Hualien Taitung
General Information	03-8332111	03-8331982		
Health care management	03-8332111			
General	ext.223、229			
Contracts	ext.225、230			
Liaison office Taitung	089-222717		146 Ssuwei Rd., Sect. 3, Taitung	

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