JI Accident & Fire Insurance Co., Ltd.

E-BILLING System Manual

Please handle personal information with care.



Guide to E-BILLING system

E-BILLING system can help you to send insurance documents and medical bills electronically instead of sending by mail. Therefore, JI can rapidly confirm documents and quickly make the payment.

1. Expenses subject to E-BILLING

Medical services fees stipulated in our Agreement.

** Available with the claims of JI and Sony Assurance Inc.

% If patients paid the other expenses by themselves, please inform them to make a claim on

JI. Ex; Expenses of transportation, medicines, etc.

2. Cost

It does not cost anything when you introduce E-BILLING except for your Internet costs.

3. Procedure (3 Steps)

※ Please see the details from next page.

- I . Access the web site. https://www.jihoken.co.jp/upload/
- ${\rm I\!I}$. Enter ID and password.
- II. Upload data to each item: ①Insurance form & invoice ②List of Invoice ③Other documents

(1) Insurance form & Invoice

1 Claim Form

(See "6. Manual & reference materials" for the latest format.)

- ② Insurance certificate copy
- ③ Medical certificate (if you have your own original)
- ④ Medical bills

(If you do not have 123 6 in the case of follow-up,

please mention "first medical examination date" and "diagnosis" in ④ Medical bills.)

- S Other documents (ex; Medicine \cdot examination \cdot details of treatment)
- 6 Passport copy (Photo/Exit stamp of Japan)
- (2) List of Invoice

Attach the list of invoice when you upload documents of two or more patients.

4. Contact

If you have questions about E-BILLING system, please contact us at Contact JI



1. Login

- 1. Access to E-BILLING system: https://www.jihoken.co.jp/upload/
- 2. Select language and enter ID and password.
 - * Only your staff can use them.
 - * Handle them with care.
- 3. Click "Login".



Information お知らせ

```
下記の日程において、サーバーメンテナンス作業を行わせて頂きます.
◆メンテナンス日時
2018年8月1日(水)7:00-9:00(日本時間)
ご迷惑をおかけ致しますが、ご理解のほどよろしくお願いいたします。
```

```
English or Japanese
英語 日本語
```

English

Enter ID and Password. IDとPasswordを入力してください。

Password

ID

Login ログイン

Copyright 2018 (c) JI Accident & Fire Insurance Co., Ltd.



V

2. Menu

Prepare documents for sections I $\sim \rm I\!I\!I$.

6

* See Manual & reference materials for the sample of "List of invoice".

-	JI Accident & Fire Insurance Co., Ltd. 5 Contact II Logout
	Information®
	Information 2
	* Refer to the manual and upload file. Manual & reference materials
I	test_kyoten_01 ①Insurance form & invoice Select a file (pdf, jpg, jpeg : ~20MB) Browse Clear
₃ П	②Invoice list Select a file (xlax, xla, pdf : ~20MB) Browse Clear
ш	©Other documents(Bank information, Address change etc.) Select a file (pdf, jpg, jpeg, docx, doc, xlsx, xls : ~20MB) Browse Clear
	Upload history 4

Copyright 2018 (c) JI Accident & Fire Insurance Co., Ltd.

When you log in, please confirm "information".JI will sometimes send important messages.

• Directions for uploading documents appear on the next page.



3. Upload

For each section, click "Browse" and choose the files that you would like to upload. Click "Upload" after reconfirming.

	Cont	act Л	Logout	
Information①				
Information 2				
* Refer to the man	aal and upload file.		Manual & reference m	aterials
test_kyoten_01				
①Insurance for	m & invoice			
Select a file (po	if, jpg, jpeg : \sim 20MB)	1		
l			Browse	ar i
②Invoice list Select a file (x)	w via ndf : ~20MR)			
	al, ho, put , and a		Browse	ar i
③Other docum	ents(Bank information	ı, Address change e	tc.)	
Select a file (pd	lf, jpg, jpeg, docx, doc,	xlsx, xls : ~20MB)	
l			Browse	ai i
			6	

NOTE: Files must not exceed 20 MB $^{\circ}$ each and total of 28 MB. For document files over 20 MB, please upload separately.



(1) Insurance documents · Medical bills

① Claim Form

(See "6. Manual & reference materials" for the latest format.)

- Insurance certificate copy
- ③ Medical certificate (if you have your own original)
- ④ Medical bills
- $\$ Other documents (ex; Medicine \cdot examination \cdot details of treatment)
- 6 Passport copy (Photo/Exit stamp of Japan)

%If you do not have 123 6 in the case of follow-up,

please mention "first medical examination date" and "diagnosis" in 4 Medical bills. %Please combine $\textcircled{1} \sim \textcircled{6}$ together as one file.



(2) List of Invoice

In order to ensure a smooth and accurate payment, upload "list of invoice".

(Excel is recommended.)

JI would pay total amount of the list of invoice in principle.

Refer to the following link below for necessary items of "list of invoice".
 http://kaigai-service.com/e-billing

(3) Other documents (Payee account, Address change notice etc.)

In addition to I. I, please use II if there is other necessary information from you.

[NOTE]

Available with the claims of JI and Sony documents on E-BILLING. ***Upload Sony documents separately from JI one.**



Upload complet	te.	
	Back to the previous screen	
	• 100 March -	

If the message shown above appears, the upload is completed.

%If the screen notation is not changed, please upload again.

%You do NOT need to mail the original documents after uploading.

[Storage of original documents]

Store and dispose documents according to your own rule.

However, store them at least until the payment would be completed.

JI needs to check the original documents in some cases.



4. Confirm upload history

1. Click Upload history

You can check the title of uploaded file.

%Only title is displayed for protection of personal information.

pload	history					Back to the previous screen
						Logout
test_k No.	yoten_01 Original file	Number of sheets	File size	Sending local time	Sending Japanese time	Upload box
17645	2MENU.jpg	1 Page	0.08 MB	2021/09/01 18:02:55	2021/09/01 18:02:55	①Insurance form & invoice



5. Contact

- 1. Click Contact JI
- 2. Enter required items and click Confirm

Enter your inquiry o	r notice.	
		* Required item
Company name*	test_kyoten_01	
Department /		
Name*		
E-mail address*		
Item±	OPrior inquiry for claim / Treatment content OPayment	
	OAbout other insurance companies except JI OOther	
No.	○ Patient No. ○ Invoice No. ④ Other	
	Enter your selected No.	
Patient name	If you select "Pri	or inquiry for claim / Treatment
	content", this fiel	d is mandatory.
First consultation date	Same as above.	
	YYYY/MM/DD	
Contratet		
Contents*		
	(pdf, jpg, jpeg, docx, doc, xlsx, xls : ~1MB)	
Attached file	The second se	

 $\,\,$ % If the attached file is over 1 MB, please contact us from the previous upload page



3. Click Send after confirming the content.

Confirm your inquiry or notice Check the contents & enter the send button.				
Company name	test_kyoten_01			
Department / Name	***			
E-mail address	hospital@hospital.com			
Item	Payment			
No.	Invoice No. 123456			
Patient name	*****			
First consultation date	2021/01/01			
Contents	*****			
Attached file				

Copyright 2018 (c) JI Accident & Fire Insurance Co., Ltd.



Logout

Copyright 2018 (c) Л Accident & Fire Insurance Co., Ltd.

If the message shown above appears, the inquiry is completed.

*X*JI will answer from next business day onward.

If in need of immediate response, please contact JI desk directly.



6. Manual & reference materials

You can access the latest "Claim Form" and "List of invoice" on the following link;

http://kaigai-service.com/e-billing



