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Description of contents

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- (2) Folder title/number: (4)
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- (3) Date: May 1949 - Sept. 1949

(4) Subject:

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- (5) Item description and comment:

Ehime

- (6) Reproduction: Yes No

- (7) Film no. _____ Sheet no. _____

(Compiled by National Diet Library)

19 September 1949

us of
SUBJECT: Proposed NHI Hospital
TO: Mr. Settsu, Mayor of Unomachi

1. Your plans for building a hospital in Unomachi have come to my attention and I have carefully reviewed them. I have also spoken to Mr. Matsumoto, Chief of Prefectural Welfare Dept., and Mr. Okuda, Chief of Prefectural Insurance Section regarding this project. I might add that they are in complete accord with my views.

2. I have investigated the need for a hospital in Unomachi and discovered that there are no existing medical facilities at the present time. Persons requiring hospitalization must be sent to Yoshida, ~~Takamatsu~~, or Ozu. In view of the time element involved in transporting patients to those places, it is entirely possible that the lives of persons requiring immediate medical attention might be seriously jeopardized, and in some cases, would be needlessly lost. The dangers involved in handling patients of various illnesses and injuries must also be considered.

3. As you probably know, one of the biggest obstacles to the National Health Insurance Program is the lack of adequate medical facilities. I believe that the acquisition of a hospital would strengthen your local National Health Insurance Association considerably. The Association must provide adequate medical care and facilities to the members. The success or failure of the Association depends directly upon that factor.

4. After carefully reviewing all of the factors involved, I am of the opinion that you are taking a sound and progressive step in building the proposed hospital and will be providing a service which will be extremely beneficial to the welfare of the citizens of Unomachi. I heartily recommend that you continue to carry out your present plans. Naturally, the size and scope of the hospital and the total expense must be commensurable to the need and the financial status of the town.

Sincerely yours,

WALLACE L. OSTBY
1st Lt., MSC
Public Welfare Officer
Ehime Civil Affairs Team

印之町 横津殿

1. 印之町に病院を設けたい御計画
 のことと承り、それについて色々検討し見ま
 した^ま本郷民生部長~~様~~、園田洋作演説
 者等とも此の計画に就き話合つて見ま
 しが私と同じ意見でした。

2. 私に印之町に病院を設けたい必要か
 あるかどうかを調べて見ました。同町には
 現在の所 篤庵施設（福祉施設）
 がないことを発見致しました。従って入院治療
 を受けたい者は吉田^郷、~~西~~大洲に
 送らねばなりません。こうした地方に患者を
 輸送するのは要ある時のことを考えまると
 急患を死のたのみに看取る悪代目し
 場合によつては死にますよる事と云ひが

得ると思ひます、また色々の病氣や ②
傷害の患者を取扱う際の危険の北も
考慮せねばなりません

3. 御承知の如く国民健康保険事業
遂行の最大故障は通商と醫療施設
に乏しい点に在り、若し病院でも
設置される北は御地にも計
国民健康保険組合は著しく力強
いもの北を知し、組合は組合員
に對して格別醫療と醫療施設を貸えね
ばならぬのであり、組合本部の或否は
實に此處にあり

4. あらゆる条件を仔細に研究し見れば
私は貴廠の病院建設計画は健全な進歩的
な計畫であり、完成の暁には印三町の民の福祉
増進の上著しい貢獻をなすものと信ずるのであり
私は貴廠が此の計畫を遂行せぬよう勸告致し
此の規模に総経費は貴町の父老と新政
策によつてさめらるべきものと存じます。

十三日 延期同盟會とローレン中尉との對談内容

住民投票が適当と思ふけれども、これが入れられない

場合同盟が病院設立に反対ならばリフォームに依って

If the delaying committee is still against, the building of a hospital.

解決せよ

解決することが適当である

ロレン中尉と延期同盟會

九月十五日 延期同盟會街頭演說

要旨

一、進駐軍へ招致されたが、進駐軍は病院は建てても建てなくとも宜しいと言った。

二、今迄は人権を所の有志に正迫せられ居たが、今度、はつかりと自由と民権を認められた。

三、軍政部が病院を建てよとの命令を出したかの如く言ふ人があるが、此の様な命令は受けられないから心配なくリコールに調印してほしい。

四、石城、中川、西村では正式に病院建設は止める様になつたと聽き居るが、宇和野で建設すると言ふ事は、宇和野の負担になると言ふ事考へられたい。

五、囑託莫自主連盟は病院とリコールとは別だと言つて捺印を求むるが、リコールの反対調印をした人は病院建設に賛成したのも同じである。病院を建てろ事に反対の人はリコールに調印してほしい。
(囑託莫にだまされずしてリコールの方へ調印してほしい。)

東宇和郡宇和田役場

六 同盟會は病院建設を延期するが目的である。町が延期
すると言ふ事になればリコールを取止めるものがある。

一、囑託負は区々代表者への、わが方一方面的立場に於ては区民の請代は如何

一、更生和親生和町役場

印之町長 横津殿

1. 印之町に病院を設立されるに御計画のこころを承り、それについて色々検討して見ました、また松本野郎民生部長、奥田野郎保険課長等にも此の計画に就て話合つて見ましたが私と同じ意見でした。
2. 私は印之町に病院を設立する必要があるかどうかを調べて見ましたが同町には現在の所臨済施設(福祉施設)のないことを

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

file

1. Identity of Organization:

- a. Name: OKAWA-MUNGA Location: KITA-GUN.
 b. Type: Municipal (City, Town, Village X): Association (General X Special, other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation: MAR '43. Predecessor, if any: _____

2. Coverage Data:

- a. Number of contributors* 540, their dependents 2266 total insured 2806
 b. Number of residents in area 2940 and 95% that are insured under N.H.I.
 c. Number of doctors in area 1 and 100% that are used by the NHI organization
 d. Number of nurses in area 3 and 100% that are used by the NHI organization

3. Administrative Bodies:

- a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>TWICE A MON.</u>	<u>16</u>	<u>16</u>		
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	<u>" "</u>	<u>5</u>	<u>2</u>	<u>1</u>	<u>2</u>
Association Board						
Association Directors						
Other (Enter type)						

4. Service and Medical Personnel:

- a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent of Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>50%</u>	<u>50%</u>	<u>NO LIMIT</u>	Doctors	<u>1</u>	
Dental	<input checked="" type="checkbox"/>	<u>" "</u>	<u>" "</u>	<u>" "</u>	Dentists		
Maternity					Pharmacists		
Funeral					Nurses	<u>1</u>	
Other					PH Nurses	<u>2</u>	

- b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

- a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals							
NHI Clinics	<u>1</u>				<input checked="" type="checkbox"/>		
NHI Other							
Other than NHI (not owned but used by the organization)							
Hospitals							
Clinics	<u>1</u>						
Other							

- b. If additional facilities are planned enter type and expected date of availability:

Ken is going to build a clinic on the lower part of the village, available sometimes in MAY or JUNE. Plans are to extend their clinic, as soon as the National Subsidy is granted.

(*) Head or heads of household

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 29700, lowest ¥ 9.90, average ¥ 7160, how often collected, monthly X, quarterly , semi-annually , annually , other period ; amount in arrears at end of last completed month ¥ 600.00
- b. Income: Total for preceding fiscal year ¥ 1020680 percent of total received during preceding fiscal year from, contributions 39%, partial payment of benefits by the insured 55%, municipal subsidy 2%, prefectural subsidy 1%, national subsidy 5%, other sources %.
- c. Expenses: Total for preceding fiscal year ¥ 1140680 percent of total expense for preceding fiscal year for medical care 82%, maternity %, nursing 4%, funeral %, health facilities 2%, administration 8%, other 3%.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests?
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? Yes. What is the latest monthly report available? Give Date. Yearly by Village Ass. + once a month by the Mayor
10 Feb 149.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 9
- b. Enter amount of monthly salary paid to full time doctors ¥ 5760 PAID BY K2AV
nurses ¥ 3000
- c. What other remuneration, if any, is received by full time doctors ¥ 2000
full time nurses
- d. How are other part time, contractual, etc., doctors paid? Points

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
(1) Benefits
(2) Contributions
(3) Other issues
- b. Is there a prescribed formal procedure established for filling and giving consideration to complaints and appeals? . Is it used? .

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? THRU block MEETINGS, bulletin, leaflets.

10. Contact Information:

- a. Date of contact 8 APRIL 149
- b. Persons contacted and their titles MAYOR IWAMURA, HISAKI
- c. Has a previous contact been made with this organization? No If so when?
- d. Present contact made by

Remarks:

Only minor complaints from the insured living on the lower part of the village, saying that the private doctor don't give an adequate service to patients with NHI cards.
Recommended to raise their contribution to meet their expenses.

Now
¥1650

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 7664, lowest ¥ 132, average ¥ 753, how often collected, monthly X, quarterly , semi-annually , annually , other period ; amount in arrears at end of last completed month ¥ 6000
- b. Income: Total for preceding fiscal year ¥ 1412000 percent of total received during preceding fiscal year from, Contributions 24%, partial payment of benefits by the insured 63%, municipal subsidy 6.5%, prefectural subsidy 6.7%, national subsidy 8%, other sources .04%.
- c. Expenses: Total for preceding fiscal year ¥ 141889 percent of total expense for preceding fiscal year for medical care 82%, maternity 3%, nursing %, funeral %, health facilities 2.4%, administration 7.4%, other 5.7%.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 828.92 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? If so, what type of audit is made and by whom? ONCE A MONTH. TOWN MAYOR.
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? YES. What is the latest monthly report available? Give Date. 10 JAN 49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 8
- b. Enter amount of monthly salary paid to full time doctors ¥ , nurses ¥ 31400.
- c. What other remuneration, if any, is received by full time doctors 1000 a month, full time nurses .
- d. How are other part time, contractual, etc., doctors paid? by points

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 - (1) Benefits
 - (2) Contributions To high
 - (3) Other issues See REMARKS
- b. Is there a prescribed formal procedure established for filing and giving consideration to complaints and appeals? No. Is it used?

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? THRU BURAKU MEETING & by district representative

10. Contact Information:

- a. Date of contact 31 Jan 49
- b. Persons contacted and their titles MR. Y. TANAKA (chief)
- c. Has a previous contact been made with this organization? No If so when?
- d. Present contact made by Pfc. G. UYEHARA

Remarks:

SOME INSURED COMPLAINS SAYING THAT THE DOCTORS ASKED FOR MORE MONEY SAID POINT ALONE WAS NOT ENOUGH.
THE INSURED GOES TO YOSHIDA, YAWATAHAMA OR TACHIBANA FOR HOSP.
NO HOSP. IN THIS TOWN.

CORRECTION

THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERED BY NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

a. Name: UWO-MACHI Location: Higashi UWA-GUN
 b. Type: Municipal (City , Town X, Village): Association (General X, Special , other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation: 12 Oct. 42. Predecessor, if any:

2. Coverage Data:

a. Number of contributors* 1685, their dependents 586 total insured 7850
 b. Number of residents in area 8856 and 85% that are insured under N.H.I.
 c. Number of doctors in area 14 and 100% that are used by the NHI organization
 d. Number of nurses in area 5 and 100% that are used by the NHI organization

3. Administrative Bodies:

a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Representing Medical	Representing Public
City, Town, or Village Assembly	YES	MONTHLY	23	23		
City, Town, or Village Advisory Council	"	"	7	3	2	2
Association Board						
Association Directors						
Other (Enter type)						

4. Service and Medical Personnel:

a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent of Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	✓	70%	30%	No limit	Doctors	2	8
Dental	✓	"	"	"	Dentists		4
Maternity	✓	"	"	"	Pharmacists		
Funeral					Nurses		5
Other					PH Nurses	3	

b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

a. Enter information on medical facilities provided by the organization: NONE

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals							
NHI Clinics							
NHI Other							
Other than NHI (not owned but used by the organization)							
Hospitals							
Clinics							
Other							

b. If additional facilities are planned enter type and expected date of availability: Plans to build a hosp by 1950, Plans were sent

(*) Head or heads of household

1

To Welfare Ministry

Now
¥1650

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 7664, lowest ¥ 132, average ¥ 753, how often collected, monthly X, quarterly , semi-annually , annually , other period ; amount in arrears at end of last completed month ¥ 6000
- b. Income: Total for preceding fiscal year ¥ 1412000 percent of total received during preceding fiscal year from, Contributions 24%, partial payment of benefits by the insured 6.3%, municipal subsidy 6.5%, prefectural subsidy 6.1%, national subsidy 8%, other sources .04%.
- c. Expenses: Total for preceding fiscal year ¥ 141889 percent of total expense for preceding fiscal year for medical care 82%, maternity 3%, nursing %, funeral %, health facilities 2.4%, administration 7.4%, other 5.7%.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 828.92 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? If so, what type of audit is made and by whom? Once a month. Town Mayor.
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? YES. What is the latest monthly report available? Give Date. 10 JAN 49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 8
- b. Enter amount of monthly salary paid to full time doctors ¥ , nurses ¥ 31400.
- c. What other remuneration, if any, is received by full time doctors 1000 a month, full time nurses .
- d. How are other part time, contractual, etc., doctors paid? by points

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 - (1) Benefits
 - (2) Contributions To high
 - (3) Other issues See REMARKS.
- b. Is there a prescribed formal procedure established for filling and giving consideration to complaints and appeals? No. Is it used? .

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? then buraku meeting + by district representative

10. Contact Information:

- a. Date of contact 31 Jan 49
- b. Persons contacted and their titles Mr. Y. TANAKA (Chief)
- c. Has a previous contact been made with this organization? No If so when?
- d. Present contact made by Pfc. G. UYEHARA.

Remarks:

SOME INSURED COMPLAINS SAYING THAT THE DOCTORS ASKED FOR MORE MONEY SAID POINT ALONE WAS NOT ENOUGH.
THE INSURED GOES TO YOSHIDA, YAWATAHAMA OR TACHIBANA FOR HOSP.
NO HOSP. IN THIS TOWN.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

- a. Name: YOSHIDA CHO NHI. Location: KITA-UWA-GUN.
 b. Type: Municipal (City, Town X, Village): Association (General
 Special, other Juridical Person). If the organization is a
 Special Association or other Juridical Person, indicate the industry
 concerned:
 c. Date of formation: July '42. Predecessor, if any: _____

2. Coverage Data:

- a. Number of contributors* 2003 ~~1999~~, their dependents 8034 ~~7304~~ total insured 10037 ~~9363~~
 b. Number of residents in area 10217 and 9823 that are insured under N.H.I.
 c. Number of doctors in area 18 and 100% that are used by the NHI organization
 d. Number of nurses in area 67 and 100% that are used by the NHI organization

3. Administrative Bodies:

- a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Publ
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>22</u>	<u>21</u>	<u>1</u>	<u>1</u>
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	<u>"</u>	<u>11</u>	<u>4</u>	<u>3</u>	<u>4</u>
Association Board	<input type="checkbox"/>	<u>"</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Association Directors	<input type="checkbox"/>	<u>"</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other (Enter type)	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

4. Service and Medical Personnel:

- a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>90%</u>	<u>10%</u>	<u> </u>	Doctors	<u>1</u>	<u>12</u>
Dental	<input checked="" type="checkbox"/>	<u>"</u>	<u>"</u>	<u> </u>	Dentists	<u> </u>	<u>5</u>
Maternity ..	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	Pharmacists	<u> </u>	<u>9</u>
Funeral	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	Nurses	<u> </u>	<u>25</u>
Other	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	PH Nurses	<u>2</u>	<u> </u>

- b. If additional services and personnel are planned enter type and expected date of availability: _____

5. Facilities:

- a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NHI Clinics..	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NHI Other....	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other than NHI (not owned but used by the organization)							
Hospitals....	<u>1</u>	<u>100</u>	<u>110</u>	<u> </u>	<input checked="" type="checkbox"/>	<u> </u>	<u> </u>
Clinics.....	<u>18-5-Dentist</u>	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>	<u> </u>	<input checked="" type="checkbox"/>	<u> </u>
Other	<u>ALL INSURED Home + Clinics</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- b. If additional facilities are planned enter type and expected date of availability: _____

(*) Head or heads of household

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 3000
 lowest ¥ 72, average ¥ 516, how often collected, monthly Partial Payment,
 quarterly , semi-annually , annually X, other period ; amount in
 arrears at end of last completed month ¥ 1246. ¥ 130712.50
- b. Income: Total for preceding fiscal year ¥ 4090495 percent of total re-
 ceived during preceding fiscal year from, contributions 128%, partial pay-
 ment of benefits by the insured 76%, municipal subsidy 0.6%, prefectural
 subsidy 1.7%, national subsidy 4.3%, other sources 4.6%.
- c. Expenses: Total for preceding fiscal year ¥ 4090114 percent of total
 expense for preceding fiscal year for medical care 88.4%, maternity %,
 nursing %, funeral %, health facilities 3.3%, administration 6.7%,
 other 1.6%.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 1435940
 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? YES.
 If so, what type of audit is made and by whom? RECORDS, Elected Members, Full Assembly & Mayor.
- f. Have monthly reports been submitted promptly to Gun and Prefectural
 offices? YES. What is the latest monthly report available? Give Date.
June '49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 8 Hasp?
 b. Enter amount of monthly salary paid to full time doctors ¥ 9 OTHERS
 nurses ¥ 120000
- c. What other remuneration, if any, is received by full time doctors ¥2400 Yearly.
 full time nurses
- d. How are other part time, contractual, etc., doctors paid? Points.

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 (1) Benefits
 (2) Contributions
 (3) Other issues
- b. Is there a prescribed formal procedure established for filing and giving
 consideration to complaints and appeals? No. Is it used?

9. Informational Service:

- a. What methods are used by the organization in giving information to insured
 and others? TARU BUDOKU LEADERS.

10. Contact Information:

- a. Date of contact 19 July 1949
- b. Persons contacted and their titles Mr. N. Kusiki (Chief/WHO) Mr. K. TATSUTA (Chair)
- c. Has a previous contact been made with this organization? No If so when?
- d. Present contact made by

Remarks:

Talked about lowering the benefit cost but can't agree to it cause they
 don't want to raise the contribution.

GUIDE FOR REVIEW OF AN ORGANIZATION ADMINISTERING NATIONAL HEALTH INSURANCE (NHI) TO SEPTEMBER

1. Identity of Organization:

- a. Name: OZU N.H.I. Location: OZU
 b. Type: Municipal (City , Town , Village): Association (General , Special , other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation: MAY '43. Predecessor, if any:

2. Coverage Data:

- a. Number of contributors* 3690, their dependents 13387 total insured 17077
 b. Number of residents in area 18740 and 91% that are insured under N.H.I.
 c. Number of doctors in area 29 and 97% that are used by the NHI organization
 d. Number of nurses in area 30 and 100% that are used by the NHI organization

3. Administrative Bodies:

- a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>26</u>	<u>25</u>	<u>1</u>	<u>2</u>
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	<u>"</u>	<u>11</u>	<u>4</u>	<u>3</u>	<u>4</u>
Association Board	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Association Directors	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other (Enter type)	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

4. Service and Medical Personnel:

- a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent or Limit of Benefit Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>70%</u> <u>30%</u>	<u>NO LIMIT</u>	Doctors	<u>4</u>	<u>2716</u>
Dental	<input checked="" type="checkbox"/>	<u>Pull & Fill in.</u>	<u> </u>	Dentists	<u> </u>	<u>9</u>
Maternity	<input checked="" type="checkbox"/>	<u>\$100 PER CASE</u>	<u> </u>	Pharmacists	<u>1</u>	<u>3</u>
Funeral	<input type="checkbox"/>	<u>EXTRA.</u>	<u> </u>	Nurses	<u>13</u>	<u>14</u>
Other	<input type="checkbox"/>	<u> </u>	<u> </u>	PH Nurses	<u>3</u>	<u> </u>

- b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

- a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals	<u>1</u>	<u>50</u>	<u>105</u>	<u> </u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
NHI Clinics	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NHI Other	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other than NHI (not owned but used by the organization)							
Hospitals	<u>2</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Clinics	<u>53</u>	<u> </u>	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
Other	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- b. If additional facilities are planned enter type and expected date of availability: PLANS ARE TO EXTEND N.H.I. Hosp according to W.H. Ministry Orders.

(*) Head or heads of household

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 10480⁰⁰ lowest ¥ 86⁰⁰, average ¥ 550⁰⁰ how often collected, monthly quarterly X, semi-annually , annually , other period ; amount in arrears at end of last completed month ¥ 630,000⁰⁰
- b. Income: Total for preceding fiscal year ¥ 4246,000; percent of total received during preceding fiscal year from, contributions 20%, partial payment of benefits by the insured 30%, municipal subsidy .7%, prefectural subsidy 1%, national subsidy 30%, other sources 18.3%.
- c. Expenses: Total for preceding fiscal year ¥ 4579,000 percent of total expense for preceding fiscal year for medical care 54.8%, maternity 0.2%, nursing %, funeral %, health facilities 30%, administration 10%, other 5%.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 13,000 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? YES. If so, what type of audit is made and by whom? Records by Town Auditor.
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? YES. What is the latest monthly report available? Give Date. 9 Aug '49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 10
- b. Enter amount of monthly salary paid to full time doctors ¥ 13687⁰⁰ AVERAGE nurses ¥ 2940⁰⁰ AVERAGE P.H.N. 4585⁰⁰
- c. What other remuneration, if any, is received by full time doctors MONTHLY WAGES full time nurses DITO AS BONUS.
- d. How are other part time, contractual, etc., doctors paid? POINTS. N.H.H. DOCTORS GETS HALF OF THE FEE IF THEY MAKE HOME VISITS.

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 - (1) Benefits DOCTORS DONT WANT TO COOPERATE.
 - (2) Contributions HOUSED WHO'S IN GOOD HEALTH. DONT WANT TO CONTRIBUTE
 - (3) Other issues H.H. CONTRIBUTORS DONT WANT TO BE IN N.H.H. GOING TO TRY TO EXCLUDE H.H. MEMBERS THE NEXT FISCAL YEAR
- b. Is there a prescribed formal procedure established for filling and giving consideration to complaints and appeals? NO. Is it used?

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? Bulletins leaflets & THRU bucaaku leaders.

10. Contact Information:

- a. Date of contact 30 AUG '49
- b. Persons contacted and their titles MR. H. Takahashi Chief of Ozu N.H.H.
- c. Has a previous contact been made with this organization? NO If so when?
- d. Present contact made by

Remarks:

CONTRIBUTION IS YEARLY FEES. COLLECTED QUARTERLY.
INCOME FOR LAST FISCAL YEARS. OTHER SOURCES. WERE INTEREST FROM REARREARS FROM '42. & HEALTH INSURANCE'S PAYMENT TO N.H.H. Hosp. D.D. DOCTORS FEE.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

a. Name: Okune Village NHI. Location: XITA-11612-GUN.
 b. Type: Municipal (City, Town, Village X): Association (General X Special, other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation: Oct. '48. Predecessor, if any: Oct '40 Okune NHI. Ass.

2. Coverage Data:

a. Number of contributors* 794, their dependents 4238 total insured 5032
 b. Number of residents in area 5032 and 100% that are insured under N.H.I.
 c. Number of doctors in area 2 and 100% that are used by the NHI organization
 d. Number of nurses in area 2 and 100% that are used by the NHI organization

3. Administrative Bodies:

a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical Pub
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>6 a ye.</u>	<u>16</u>	<u>16</u>	<u>2</u>
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	<u>" "</u>	<u>8</u>	<u>8</u>	<u>2</u>
Association Board	<input type="checkbox"/>	<u>" "</u>	<u> </u>	<u> </u>	<u> </u>
Association Directors	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other (Enter type)	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

4. Service and Medical Personnel:

a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>70%</u>	<u>30%</u>	<u>No limit</u>	Doctors	<u>2</u>	<u> </u>
Dental	<input checked="" type="checkbox"/>	<u> </u>	<u> </u>	<u>" "</u>	Dentists	<u> </u>	<u> </u>
Maternity ..	<input checked="" type="checkbox"/>	<u> </u>	<u> </u>	<u>" "</u>	Pharmacists	<u> </u>	<u> </u>
Funeral	<input type="checkbox"/>	<u> </u>	<u> </u>	<u>" "</u>	Nurses	<u> </u>	<u> </u>
Other <u>Nursing</u>	<input checked="" type="checkbox"/>	<u> </u>	<u> </u>	<u>6 MONTHS</u>	PH Nurses	<u>2</u>	<u> </u>

b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals	<u> </u>	<u>30 & 30%</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NHI Clinics..	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NHI Other....	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other than NHI (not owned but used by the organization)							
Hospitals....	<u>all hospital, clinics and others.</u>	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>	<u> </u>	<input checked="" type="checkbox"/>	<u> </u>
Clinics.....	<u>2</u>	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>	<u> </u>	<input checked="" type="checkbox"/>	<u> </u>
Other	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input checked="" type="checkbox"/>	<u> </u>

b. If additional facilities are planned enter type and expected date of availability:

(*) Head or heads of household

98092 AVERAGE CONTRIBUTIONS. Last fiscal yr.

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 6333⁸⁰ lowest ¥ 8535, average ¥ 14433 how often collected, monthly , quarterly , semi-annually , annually X, other period ; amount in arrears at end of last completed month ¥ ~~2474573~~ 49396⁹⁹ Last fiscal year.
- b. Income: Total for preceding fiscal year ¥ 2474573 percent of total received during preceding fiscal year from, contributions 31.4%, partial payment of benefits by the insured 55.8%, municipal subsidy 7.2%, prefectural subsidy 4%, national subsidy 5.3%, other sources 6.3%.
- c. Expenses: Total for preceding fiscal year ¥ 2384608 percent of total expense for preceding fiscal year for medical care 87.1%, maternity 0.1%, nursing %, funeral %, health facilities 4.8%, administration 7.7%, other 0.3%.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 109964⁸⁶ of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? YES. If so, what type of audit is made and by whom? Records, Mayor, Assembly Members.
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? YES What is the latest monthly report available? Give Date. JUNE out 14 July '49

- 9 UMATAMA CITY HOSP
- 10 Social Wds Hosp.
- 8 Yashida Hosp.
- 9 KATAWA Doc. Ass.
- 10 UMATAMA CITY Doc. Ass.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥
- b. Enter amount of monthly salary paid to full time doctors ¥ Points nurses ¥ 4100
- c. What other remuneration, if any, is received by full time doctors 24000 ANNUALLY full time nurses
- d. How are other part time, contractual, etc., doctors paid? Points

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 - (1) Benefits
 - (2) Contributions
 - (3) Other issues
- b. Is there a prescribed formal procedure established for filling and giving consideration to complaints and appeals? NO Is it used?

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? Through Public Information Campaign, & Village Newspapers.

10. Contact Information:

- a. Date of contact 8 Aug. 49
- b. Persons contacted and their titles ONE NAME Mr. Y. Sakai, Clerk, Mr. C. Minashita
- c. Has a previous contact been made with this organization? NO If so when?
- d. Present contact made by

Remarks:

Nursing is given only to widowers & mothers with out milk.
 Current contribution will continue for this fiscal year and if it's too much they're going to cut it down.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

- a. Name: _____ Location: _____
- b. Type: Municipal (City _____, Town _____, Village _____): Association (General _____, Special _____, other Juridical Person _____). If the organization is a Special Association or other Juridical Person, indicate the industry concerned: _____
- c. Date of formation: _____ Predecessor, if any: _____

2. Coverage Data:

- a. Number of contributors* _____, their dependents _____ total insured _____
- b. Number of residents in area _____ and _____% that are insured under N.H.I.
- c. Number of doctors in area _____ and _____% that are used by the NHI organization
- d. Number of nurses in area _____ and _____% that are used by the NHI organization

3. Administrative Bodies:

- a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical Pub.
City, Town, or Village Assembly	_____	_____	_____	_____	_____
City, Town, or Village Advisory Council	_____	_____	_____	_____	_____
Association Board	_____	_____	_____	_____	_____
Association Directors	_____	_____	_____	_____	_____
Other (Enter type)	_____	_____	_____	_____	_____

4. Service and Medical Personnel:

- a. Enter services and personnel provided by the organization:
- | Type of Service | Check if Provided | Percent or Limit of Benefit | Cost Allowed | Number of Days Allowed | Type of Personnel | Number Full Time | Number Other |
|-----------------|-------------------|-----------------------------|--------------|------------------------|-------------------|------------------|--------------|
| Medical care | _____ | _____ | _____ | _____ | Doctors | _____ | _____ |
| Dental | _____ | _____ | _____ | _____ | Dentists | _____ | _____ |
| Maternity .. | _____ | _____ | _____ | _____ | Pharmacists | _____ | _____ |
| Funeral | _____ | _____ | _____ | _____ | Nurses | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | PH Nurses | _____ | _____ |
- b. If additional services and personnel are planned enter type and expected date of availability: _____

5. Facilities:

- a. Enter information on medical facilities provided by the organization:
- | Type of Facility | NUMBER Used | Med. Service Capacity | | Dental Service | | Other Service | |
|---|-------------|-----------------------|--------------|----------------|-------|---------------|-------|
| | | In-patients | Out-patients | Yes | No | Yes | No |
| NHI Hospitals | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| NHI Clinics.. | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| NHI Other.... | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other than NHI (not owned but used by the organization) | | | | | | | |
| Hospitals.... | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Clinics..... | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
- b. If additional facilities are planned enter type and expected date of availability: _____

(*) Head or heads of household

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ _____ lowest ¥ _____, average ¥ _____, how often collected, monthly _____, quarterly _____, semi-annually _____, annually _____, other period _____; amount in arrears at end of last completed month ¥ _____.
- b. Income: Total for preceding fiscal year ¥ 3,248,568.26 percent of total received during preceding fiscal year from, contributions 32%, partial payment of benefits by the insured 54.8%, municipal subsidy _____%, prefectural subsidy _____%, national subsidy _____%, other sources _____%. 781%
- c. Expenses: Total for preceding fiscal year ¥ 3,242,268 percent of total expense for preceding fiscal year for medical care 83%, maternity 0.031%, nursing _____%, funeral _____%, health facilities _____%, administration 12%, other _____%.
- d. Amount of assets ¥ _____, liabilities ¥ 59,100, and reserve fund ¥ 1296.54 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? _____ If so, what type of audit is made and by whom? _____.
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? _____ What is the latest monthly report available? Give Date. _____.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 8.00
- b. Enter amount of monthly salary paid to full time doctors ¥ _____, nurses ¥ _____.
- c. What other remuneration, if any, is received by full time doctors _____ full time nurses _____.
- d. How are other part time, contractual, etc., doctors paid? _____.

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 - (1) Benefits _____
 - (2) Contributions _____
 - (3) Other issues _____
- b. Is there a prescribed formal procedure established for filling and giving consideration to complaints and appeals? _____ Is it used? _____.

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? _____

10. Contact Information:

- a. Date of contact _____
- b. Persons contacted and their titles _____
- c. Has a previous contact been made with this organization? _____ If so when? _____
- d. Present contact made by _____

Remarks:

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:
 - a. Name: SHIMA-UWA Location: HIGASHI-UWA-GUN
 - b. Type: Municipal (City , Town , Village X): Association (General X Special , other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 - c. Date of formation: 25 Nov. 48. Predecessor, if any:
2. Coverage Data:
 - a. Number of contributors* 680, their dependents 2890 total insured 3570
 - b. Number of residents in area 3605 and 99% that are insured under N.H.I.
 - c. Number of doctors in area 2 and 100% that are used by the NHI organization
 - d. Number of nurses in area 5 and 100% that are used by the NHI organization

3. Administrative Bodies:
 - a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	YES	Monthly	16	16		
City, Town, or Village Advisory Council	"	"	10	3	2	5
Association Board						
Association Directors						
Other (Enter type)						

4. Service and Medical Personnel:
 - a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	✓	50%	50%	No limit	Doctors	2	
Dental	✓	"	"		Dentists		
Maternity	✓	"	"		Pharmacists		
Funeral					Nurses	3	
Other					PH Nurses	2	

b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:
 - a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals							
NHI Clinics	2						
NHI Other							
Other than NHI (not owned but used by the organization)							
Hospitals							
Clinics							
Other							

b. If additional facilities are planned enter type and expected date of availability: Plans are to build a hosp. (21 beds) got approval on land.

(*) Head or heads of household & have MATERIAL but wanting for the tenants to move out so the Prefecture could take down the building. If they do they could build the hosp. within this year.

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 1711, lowest ¥ 336, average ¥ 854, how often collected, monthly , quarterly X, semi-annually , annually , other period ; amount in arrears at end of last completed month ¥ 5000.
- b. Income: Total for preceding fiscal year ¥ 634,583; percent of total received during preceding fiscal year from, contributions 36.1%, partial payment of benefits by the insured 45.4%, municipal subsidy 5.7%, prefectural subsidy 2.1%, national subsidy 10.7%, other sources %.
- c. Expenses: Total for preceding fiscal year ¥ 621,836; percent of total expense for preceding fiscal year for medical care 45%, maternity 39%, nursing %, funeral %, health facilities 10%, administration 6%, other %.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 1718 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? YES. If so, what type of audit is made and by whom? TWICE A YEAR ASSEMBLY MEMBERS
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? YES What is the latest monthly report available? Give Date. 12 Jan. 49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 8
- b. Enter amount of monthly salary paid to full time doctors ¥ 7000, nurses ¥ 2300.
- c. What other remuneration, if any, is received by full time doctors 5000 full time nurses 1000.
- d. How are other part time, contractual, etc., doctors paid?

8. Complaints:

- a. Enter the major types of complaints received from members regarding: NONE
 (1) Benefits
 (2) Contributions
 (3) Other issues
- b. Is there a prescribed formal procedure established for filling and giving consideration to complaints and appeals? . Is it used? .

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? Leaflets & thru MEETINGS

10. Contact Information:

- a. Date of contact 1 Feb. 49
- b. Persons contacted and their titles MR. I. TAKEUCHI (MAYOR) (Chief) MR. T. UTSUNOMIYA
- c. Has a previous contact been made with this organization? NA If so when?
- d. Present contact made by Off. G. UYEHARA.

Remarks:

Their METHODS of giving information is very good.
 The ass. collects ~~rate~~ quarterly per year and the insured agrees to it and cooperates.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

file

1. Identity of Organization: MINAMIYOSHI Location: ODSEN-GUN.
 a. Name: MINAMIYOSHI
 b. Type: Municipal (City, Town, Village X): Association (General X Special, other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation: 1 APRIL 43 Predecessor, if any: No

2. Coverage Data:
 a. Number of contributors* 884, their dependents 3906 total insured 4790
 b. Number of residents in area 5242 and 91% that are insured under N.H.I.
 c. Number of doctors in area 3 and 100% that are used by the NHI organization
 d. Number of nurses in area 4 and 100% that are used by the NHI organization

3. Administrative Bodies:
 a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>		<u>16</u>	<u>16</u>		
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	<u>ONCE A MONTH</u>	<u>11</u>	<u>4</u>	<u>3</u>	<u>4</u>
Association Board						
Association Directors						
Other (Enter type)						

4. Service and Medical Personnel:
 a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>80%</u>	<u>20% max.</u>	<u>No limit</u>	Doctors	1	<u>2</u>
Dental	<input checked="" type="checkbox"/>	<u>80%</u>	<u>20%</u>	<u>" "</u>	Dentists	1	<u>1</u>
Maternity					Pharmacists		
Funeral					Nurses	1	<u>3</u>
Other					PH Nurses	<u>1</u>	

- b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:
 a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals							
NHI Clinics							
NHI Other							
Other than NHI (not owned but used by the organization)							
Hospitals	<u>1</u>	<u>4</u>					
Clinics							
Other							

- b. If additional facilities are planned enter type and expected date of availability:

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 1230⁰⁰, lowest ¥ 130⁰⁰, average ¥ 456, how often collected, monthly , quarterly X, semi-annually , annually X, other period ; amount in arrears at end of last completed month ¥ 6000
- b. Income: Total for preceding fiscal year ¥ 271890; percent of total received during preceding fiscal year from, contributions 18%, partial payment of benefits by the insured 65%, municipal subsidy %, prefectural subsidy 5%, national subsidy 12%, other sources %.
- c. Expenses: Total for preceding fiscal year ¥ 281944; percent of total expense for preceding fiscal year for medical care 78%, maternity 02%, nursing %, funeral %, health facilities %, administration 19%, other 2%.
- d. Amount of assets ¥ None, liabilities ¥ None, and reserve fund ¥ None of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? . If so, what type of audit is made and by whom? Advisory Council
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? YES. What is the latest monthly report available? Give Date. 19 Jan 49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 800
- b. Enter amount of monthly salary paid to full time doctors ¥ ,
P. nurses ¥ 3890⁰⁰
- c. What other remuneration, if any, is received by full time doctors
full time nurses
- d. How are other part time, contractual, etc., doctors paid? 1200⁰⁰ yearly
plus points

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
(1) Benefits
(2) Contributions
(3) Other issues inadequate service by the doctors
- b. Is there a prescribed formal procedure established for filling and giving consideration to complaints and appeals? YES. Is it used? .
considering to have a control board to check on illeg. medicine

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? thru meetings and individual messengers

10. Contact Information:

- a. Date of contact 29 Jan. 49
- b. Persons contacted and their titles
- c. Has a previous contact been made with this organization? No. If so when?
- d. Present contact made by Pfc. G. Uehara

Remarks:

- MATERNITY ^{aid} were given under the N.H.I. until July of last fiscal year.
- Doc. gets paid ¥1200⁰⁰ a year plus points (average 4500 points a month.)
he wants to know why they can't make

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

a. Name: TAKAMITSU MURA NHI Ass. Location: KITA-UWA-GUN
 b. Type: Municipal (City, Town, Village): Association (General)
 Special , other Juridical Person . If the organization is a
 Special Association or other Juridical Person, indicate the industry
 concerned:
 c. Date of formation: AUG. 1939 Predecessor, if any:
BECAME ACTIVE

2. Coverage Data:

a. Number of contributors* 348, their dependents 1894 total insured 2242
 b. Number of residents in area 2886 and 77.9% that are insured under N.H.I.
 c. Number of doctors in area 1 and 100% that are used by the NHI organization
 d. Number of nurses in area and % that are used by the NHI organization

3. Administrative Bodies:

a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>16</u>	<u>15</u>	<u> </u>	<u>1</u>
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	<u>QUARTERLY</u>	<u>11</u>	<u>11</u>	<u> </u>	<u> </u>
Association Board	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Association Directors	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other (Enter type)	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

4. Service and Medical Personnel:

a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent or Limit of Benefit	Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>20%</u>	<u>80%</u>	<u>Not limited</u>	Doctors	<u> </u>	<u>1</u>
Dental	<input checked="" type="checkbox"/>	<u>"</u>	<u>"</u>	<u> </u>	Dentists	<u> </u>	<u> </u>
Maternity ..	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	Pharmacists	<u> </u>	<u> </u>
Funeral	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	Nurses	<u> </u>	<u> </u>
Other	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	PH Nurses	<u> </u>	<u> </u>

b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NHI Clinics..	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NHI Other....	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other than NHI (not owned but used by the organization)							
Hospitals....	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Clinics.....	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other	<u>ANY INSURED HOSP. Clinics and Doctors.</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

b. If additional facilities are planned enter type and expected date of availability: SINCE ITS NEAR to UWATIMA (CITY) & Yoshida (Town.) they have no plans of Building, beside its easy to obtain TRANSPORTATION.

(*) Head or heads of household

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 400
lowest ¥ 110, average ¥ 125, how often collected, monthly _____,
quarterly _____, semi-annually X, annually X, other period _____; amount in
arrears at end of last completed month ¥ 6295. 24443.76 Partial Payments. Last
year
- b. Income: Total for preceding fiscal year ¥ 503327 percent of total re-
ceived during preceding fiscal year from, contributions 15%, partial pay-
ment of benefits by the insured 64%, municipal subsidy _____%, prefectural
subsidy 16%, national subsidy _____%, other sources _____%.
- c. Expenses: Total for preceding fiscal year ¥ 444557 percent of total
expense for preceding fiscal year for medical care 91.8%, maternity _____%,
nursing _____%, funeral _____%, health facilities 5.6%, administration 3.6%,
other _____%.
- d. Amount of assets ¥ _____, liabilities ¥ _____, and reserve fund ¥ _____
of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? YES.
If so, what type of audit is made and by whom? Board, Mayor & His Board.
- f. Have monthly reports been submitted promptly to Gun and Prefectural
offices? YES. What is the latest monthly report available? Give Date.
2 July 49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? 9 Village Doc.
9 at Yoshida
- b. Enter amount of monthly salary paid to full time doctors ¥ _____
nurses ¥ _____
- c. What other remuneration, if any, is received by full time doctors _____
full time nurses _____
- d. How are other part time, contractual, etc., doctors paid? _____

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
(1) Benefits _____
(2) Contributions _____
(3) Other issues _____
- b. Is there a prescribed formal procedure established for filling and giving
consideration to complaints and appeals? No. Is it used? _____

9. Informational Service:

- a. What methods are used by the organization in giving information to insured
and others? THRU Buddhist Leaders, ~~to~~ leaflets.

10. Contact Information:

- a. Date of contact 18 July 49
- b. Persons contacted and their titles Mr. U. Tamei (Mayor), Mr. W. Okamoto (Gov. Affairs)
Mr. S. Suzuki (D.H.I. Staff)
- c. Has a previous contact been made with this organization? No. If so when? _____
- d. Present contact made by _____

Remarks:

THE VILLAGE is holding a ~~Assembly~~ MEETING to run this with by the Village.
Recommended to increase their Board member & to have Director in the D.H.I. Ass.
Much complication is found with this D.H.I. Ass. So the Prefecture Ins. Sec. Mr. Masuoka
will give advise & guidance to the D.H.I. Staffs

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

a. Name: TARAWAZU N.H.I. Location: HIGASHI-UWA-GUN.
 b. Type: Municipal (City, Town, Village X): Association (General Special, other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation: AUG. 141. Predecessor, if any: _____

2. Coverage Data:

a. Number of contributors* 623, their dependents 2620 total insured 3253
 b. Number of residents in area 3331 and 92% that are insured under N.H.I.
 c. Number of doctors in area 3 and 100% that are used by the NHI organization
 d. Number of nurses in area 6 and 100% that are used by the NHI organization

3. Administrative Bodies:

a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>15</u>	<u>15</u>	<u>4</u>	<u>4</u>
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	<u>"</u>	<u>18</u>	<u>11</u>	<u>3</u>	<u>4</u>
Association Board	<input type="checkbox"/>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Association Directors	<input type="checkbox"/>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Other (Enter type)	<input type="checkbox"/>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

4. Service and Medical Personnel:

a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent or Limit of Benefit Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>60% - 40%</u>	<u>NO LIMIT</u>	Doctors	<u>1</u>	<u>1</u>
Dental	<input checked="" type="checkbox"/>	<u>"</u>	<u>"</u>	Dentists	<u>"</u>	<u>1</u>
Maternity	<input type="checkbox"/>	<u>"</u>	<u>"</u>	Pharmacists	<u>"</u>	<u>"</u>
Funeral	<input checked="" type="checkbox"/>	<u>"</u>	<u>"</u>	Nurses	<u>3</u>	<u>2</u>
Other	<input type="checkbox"/>	<u>"</u>	<u>"</u>	PH Nurses	<u>1</u>	<u>"</u>

b. If additional services and personnel are planned enter type and expected date of availability: _____

5. Facilities:

a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals	<u>1</u>	<u>10</u>	<u>80</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
NHI Clinics	<u>1</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
NHI Other	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Other than NHI (not owned but used by the organization)	<u>6</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Hospitals	<u>31</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Clinics	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
Other	<u>"</u>	<u>"</u>	<u>"</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

b. If additional facilities are planned enter type and expected date of availability: CONVERTING THE CLINIC INTO HOSPITAL AVAILABLE

(*) Head or heads of household

6. Financial Affairs and Operations: MAY 149 -
- Contributions: Current amount per contributor*, highest ¥ 5560 lowest ¥ 340, average ¥ 2140, how often collected, monthly , quarterly , semi-annually , annually , other period ; amount in arrears at end of last completed month ¥ 1458.
 - Income: Total for preceding fiscal year ¥ 949671; percent of total received during preceding fiscal year from, contributions 53%, partial payment of benefits by the insured 37%, municipal subsidy %, prefectural subsidy 2%, national subsidy 1%, other sources 4%.
 - Expenses: Total for preceding fiscal year ¥ 946371 percent of total expense for preceding fiscal year for medical care 70%, maternity %, nursing %, funeral 1%, health facilities 7%, administration 9%, other 2%.
 - Amount of assets ¥ 500,000 liabilities ¥ , and reserve fund ¥ 6622 of the organization at the end of preceding fiscal year.
 - Is the organization subject to periodic audit by outside interests? YES. If so, what type of audit is made and by whom? RECORDS BY ASSEMBLY MEMBER
 - Have monthly reports been submitted promptly to Gun and Prefectural offices? YES What is the latest monthly report available? Give Date. 10 JUNE 149.
7. Payments for Medical and Other Services:
- What is the amount allowed for medical fee point? ¥ 8
 - Enter amount of monthly salary paid to full time doctors ¥ 15000, nurses ¥ 2800 AND ¥ 5400
 - What other remuneration, if any, is received by full time doctors ¥ 5000 MON. full time nurses ¥ 400
 - How are other part time, contractual, etc., doctors paid? POINTS
8. Complaints:
- Enter the major types of complaints received from members regarding:
 - Benefits
 - Contributions FROM THE INSURED WHO IS IN GOOD HEALTH.
 - Other issues
 - Is there a prescribed formal procedure established for filling and giving consideration to complaints and appeals? NO. Is it used? .
9. Informational Service:
- What methods are used by the organization in giving information to insured and others? THRU MEETING, PHAM/lets + Bulletin
10. Contact Information:
- Date of contact 17 JUNE 149
 - Persons contacted and their titles CHIEF - MR. SOKAI, MAYOR - " G. MIYASHI, DOCTOR - " N. NAKAMURA
 - Has a previous contact been made with this organization? NO If so when?
 - Present contact made by

Remarks:

THEY RAISED THE CONTRIBUTION IN ORDER TO LOWER THE BENEFIT TO 50% BUT THE INSURED COMPLAINT THAT IT IS TOO HIGH SO THEY ARE GOING TO ~~INCREASE~~ DECREASED IT

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

- a. Name: NONURD N.H.I. Location: HIGASHI-UWA-GUN
 b. Type: Municipal (City , Town X, Village): Association (General ✓
 Special , other Juridical Person). If the organization is a
 Special Association or other Juridical Person, indicate the industry
 concerned:
 c. Date of formation: AUG '43. Predecessor, if any:

2. Coverage Data:

- a. Number of contributors* 1205, their dependents 5338 total insured 6543
 b. Number of residents in area 8036 and 81.4% that are insured under N.H.I.
 c. Number of doctors in area 11 and 100% that are used by the NHI organization
 d. Number of nurses in area 28 and 100% that are used by the NHI organization

3. Administrative Bodies:

- a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<u>✓</u>	<u>MONTHLY</u>	<u>21</u>	<u>20</u>	<u>1</u>	<u> </u>
City, Town, or Village Advisory Council	<u>✓</u>	<u>"</u>	<u>10</u>	<u>8</u>	<u>2</u>	<u> </u>
Association Board	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Association Directors	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other (Enter type)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

4. Service and Medical Personnel:

- a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent or Limit of Benefit Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<u>✓</u>	<u>70% - 30%</u>	<u>No limit</u>	Doctors	<u>6</u>	<u>2</u>
Dental	<u>✓</u>	<u>" "</u>	<u> </u>	Dentists	<u> </u>	<u>3</u>
Maternity ..	<u>✓</u>	<u>" "</u>	<u> </u>	Pharmacists	<u>1</u>	<u> </u>
Funeral	<u> </u>	<u> </u>	<u> </u>	Nurses	<u>16</u>	<u>9</u>
Other	<u> </u>	<u> </u>	<u> </u>	PH Nurses	<u>3</u>	<u> </u>

- b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

- a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals	<u>1</u>	<u>61</u>	<u>200</u>	<u> </u>	<u>✓</u>	<u>✓</u>	<u> </u>
NHI Clinics..	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NHI Other....	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other than NHI (not owned but used by the organization)							
Hospitals....	<u>1</u>	<u>20</u>	<u> </u>	<u> </u>	<u>✓</u>	<u>✓</u>	<u> </u>
Clinics.....	<u>5</u>	<u> </u>	<u> </u>	<u>3</u>	<u> </u>	<u>2</u>	<u> </u>
Other	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- b. If additional facilities are planned enter type and expected date of availability: NONE, BUT THE N.H.I.'S PLANS TO MAKE THE HOSPITAL BETTER.

(* Head or heads of household 1

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 245⁰⁰, lowest ¥ 46⁶⁰, average ¥ 104⁵⁰; how often collected, monthly X, quarterly , semi-annually , annually , other period ; amount in arrears at end of last completed month ¥ 120,000
- b. Income: Total for preceding fiscal year ¥ 2212,428 percent of total received during preceding fiscal year from, contributions 34%, partial payment of benefits by the insured 57%, municipal subsidy %, prefectural subsidy 1.5%, national subsidy 1.5%, other sources 2%.
- c. Expenses: Total for preceding fiscal year ¥ 268,726 percent of total expense for preceding fiscal year for medical care 85.6%, maternity 0.3%, nursing %, funeral %, health facilities 4.4%, administration 6.7%, other 3%.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 1,441 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? YES. If so, what type of audit is made and by whom? Sch. Principle - Mr. NAGAI
Doctor - Mrs. KIKUYA
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? Yes What is the latest monthly report available? Give Date. 20 MAY 140.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? Established Hosp. ¥ 7
outside ¥ 8
- b. Enter amount of monthly salary paid to full time doctors ¥ PAID BY THE HOSP.
nurses ¥ SOME PHN ¥ 4,500
- c. What other remuneration, if any, is received by full time doctors
full time nurses
- d. How are other part time, contractual, etc., doctors* paid? POINTS

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 - (1) Benefits
 - (2) Contributions
 - (3) Other issues
- b. Is there a prescribed formal procedure established for filing and giving consideration to complaints and appeals? No. Is it used?

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? Bulletin and thru Block Leaders

10. Contact Information:

- a. Date of contact 13 June 140 CHIEF CLERK. Mr. H. NABUTA.
- b. Persons contacted and their titles CLERK. Mr. S. NABAYAMA
- c. Has a previous contact been made with this organization? No If so when?
- d. Present contact made by

Remarks:

NOMURA U.H.I. and 6 VILLAGES ESTABLISHED A HOSPITAL. THIS IS THE FIRST ESTABLISHED HOSP. IN THIS PREFECTURE. WHEN THE HOSP STARTS TO MAKE PROFIT. THEIR PLANS ARE TO LOWER THE FEE POINTS.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

a. Name: CHIKANABA-CHO Location: KITA-UWA-GUN
 b. Type: Municipal (City , Town X, Village): Association (General X, Special , other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation: Nov-43. Predecessor, if any:

2. Coverage Data:

a. Number of contributors* 1050, their dependents 4033 total insured 5083
 b. Number of residents in area 1050 and 100% that are insured under N.H.I.
 c. Number of doctors in area 11 and 100% that are used by the NHI organization
 d. Number of nurses in area 19 and 100% that are used by the NHI organization

3. Administrative Bodies:

a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	Once a Mon	15	15		
City, Town, or Village Advisory Council						
Association Board	<input checked="" type="checkbox"/>	" 1st 2 Mon	22	21	1	
Association Directors	<input checked="" type="checkbox"/>	" a Mon	5	4	1	
Other (Enter type)						

4. Service and Medical Personnel:

a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent or Limit of Benefit	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	50%	No limit	Doctors	8	
Dental	<input checked="" type="checkbox"/>	"	"	Dentists		3
Maternity	<input checked="" type="checkbox"/>	\$280		Pharmacists		
Funeral				Nurses	18	
Other				PH Nurses	1	

b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals	1	30	200		<input checked="" type="checkbox"/>		
NHI Clinics							
NHI Other							
Other than NHI (not owned but used by the organization)							
Hospitals	4						
Clinics	15			2			
Other							

b. If additional facilities are planned enter type and expected date of availability: Plans are to extend the hosp & build NURSES QUARTER this coming fiscal year.

(*) Head or heads of household 1

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 1785, lowest ¥ 510, average ¥ 664, how often collected, monthly , quarterly , semi-annually , annually , other period ; amount in arrears at end of last completed month ¥ 12000.
- b. Income: Total for preceding fiscal year ¥ 285239 percent of total received during preceding fiscal year from, contributions 33%, partial payment of benefits by the insured 51%, municipal subsidy %, prefectural subsidy 2%, national subsidy 2%, other sources %.
- c. Expenses: Total for preceding fiscal year ¥ 257634 percent of total expense for preceding fiscal year for medical care 78%, maternity %, nursing %, funeral %, health facilities 7%, administration 11%, other 4%.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 2760479 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? If so, what type of audit is made and by whom? Once a yr. by Mayor & Ass Members
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? YES What is the latest monthly report available? Give Date. 10 FEB. '49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 7 NHI PRIVATE
- b. Enter amount of monthly salary paid to full time doctors ¥ 13000 8
- c. What other remuneration, if any, is received by full time doctors OVERTIME & OUT PATIENTS
- d. How are other part time, contractual, etc., doctors paid? POINTS

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 (1) Benefits No Complaints since they build the hosp.
 (2) Contributions
 (3) Other issues
- b. Is there a prescribed formal procedure established for filing and giving consideration to complaints and appeals? . Is it used? .

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? Bulletins leaflets & MEETINGS

10. Contact Information:

- a. Date of contact 8 MAR. '49
- b. Persons contacted and their titles
- c. Has a previous contact been made with this organization? NO If so when?
- d. Present contact made by

Remarks: KITA-UWA-GUN-KIHOKU-JU-ICHI-CHO-SON-NHI FEDERATION - IS FORMED BY 9 VILLAGES & 2 TOWN. 16000 TSUBO OF LAND IS OWNED BY THIS FED.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

file

1. Identity of Organization:

- a. Name: MIMIAMI MURA Location: KITA-CINIA-GUN
 b. Type: Municipal (City, Town, Village X): Association (General X, Special, other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation: JAN-43. Predecessor, if any:

2. Coverage Data:

- a. Number of contributors* 360, their dependents 1460 total insured 1820
 b. Number of residents in area 1820 and 100% that are insured under N.H.I.
 c. Number of doctors in area 1 and TEMP. that are used by the NHI organization
 d. Number of nurses in area 1 and 100% that are used by the NHI organization

3. Administrative Bodies:

- a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>12</u>	<u>121</u>		
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	<u>"</u>	<u>5</u>	<u>5</u>	<u>1</u>	
Association Board						
Association Directors						
Other (Enter type)						

4. Service and Medical Personnel:

- a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>80%</u>	<u>20%</u>	<u>NO LIMIT</u>	Doctors	<u>1</u>	
Dental	<input checked="" type="checkbox"/>	<u>"</u>	<u>"</u>	<u>"</u>	Dentists		<u>1</u>
Maternity					Pharmacists		
Funeral					Nurses		
Other					PH Nurses		

- b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

- a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals							
NHI Clinics							
NHI Other							
Other than NHI (not owned but used by the organization)							
Hospitals	<u>1</u>	<u>AT UWAJIMA</u>	<u>UWAMATSU</u>			<input checked="" type="checkbox"/>	
Clinics	<u>1</u>	<u>"</u>	<u>"</u>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Other	<u>Doc-house</u>						

- b. If additional facilities are planned enter type and expected date of availability: expect to build a clinic coming fiscal year

(*). Head or heads of household available by Aug 49

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 760, lowest ¥ 138, average ¥ 440, how often collected, monthly quarterly, semi-annually annually , other period _____; amount in arrears at end of last completed month ¥ 17450
- b. Income: Total for preceding fiscal year ¥ 94500 percent of total received during preceding fiscal year from, contributions 42%, partial payment of benefits by the insured 45%, municipal subsidy _____%, prefectural subsidy 3%, national subsidy 7%, other sources _____%.
- c. Expenses: Total for preceding fiscal year ¥ 129640 percent of total expense for preceding fiscal year for medical care 82%, maternity _____%, nursing _____%, funeral _____%, health facilities _____%, administration 17%, other 1%.
- d. Amount of assets ¥ _____, liabilities ¥ _____, and reserve fund ¥ _____ of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? _____. If so, what type of audit is made and by whom? twice a yr. Mayor & AD. Council
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? _____ What is the latest monthly report available? Give Date. _____

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 8.00
- b. Enter amount of monthly salary paid to full time doctors ¥ Points, nurses ¥ 1000.00
- c. What other remuneration, if any, is received by full time doctors _____
- d. How are other part time, contractual, etc., doctors paid? Points

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 - (1) Benefits _____
 - (2) Contributions _____
 - (3) Other issues _____
- b. Is there a prescribed formal procedure established for filing and giving consideration to complaints and appeals? _____. Is it used? _____

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? Publicity & thru Bureau Meetings

10. Contact Information:

- a. Date of contact 29 MAR 49
- b. Persons contacted and their titles Mayor MR KAZIWARA CHIEF MR. MATSUOKA
- c. Has a previous contact been made with this organization? NO If so when? _____
- d. Present contact made by UHI

Remarks: THE UWATIMA MDA's President promised this ass that he'll send one doctor when they have their clinic.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization.

a. Name: XUME NHI ASS. Location: ONSEN GUN
 b. Type: Municipal (City, Town, Village X): Association (General X, Special, other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation 1 APR 43. Predecessor, if any: None

2. Coverage Data:

a) Number of contributors* 911 / 5784, their dependents 4373 total insured 5284
 b) Number of residents in area 7089 and 70% that are insured under N.H.I.
 c) Number of doctors in area 3 and 100% that are used by the NHI organization.
 d) Number of nurses in area 7 and 100% that are used by the NHI organization.

3. Administrative Bodies

a) Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly.....		<u>ONCE A MO.</u>	<u>22</u>	<u>22</u>		
City, Town, or Village Advisory Council		<u>" "</u>	<u>11</u>	<u>4</u>	<u>3</u>	<u>4</u>
Association Board.....						
Association Directors.....						
Other (Enter type).....						

4. Service and Medical Personnel

a) Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent of Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<u>X</u>	<u>80%</u>	<u>20% ass.</u>	<u>No limit</u>	Doctors	<u>1</u>	<u>2</u>
Dental.....	<u>-</u>				Dentists		
Maternity..	<u>X</u>		<u>50 Yen.</u>	<u>" "</u>	Pharmacists		
Funeral....	<u>-</u>				Nurses		<u>5</u>
Other.....	<u>-</u>				PH Nurses	<u>2</u>	

b) If additional services and personnel are planned enter type and expected date of availability:

5. Facilities

a) Enter information on medical facilities provided by the organization:

Type of Facility	Number Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals	<u>1</u>	<u>10</u>	<u>NONE</u>		<u>/</u>		<u>/</u>
NHI Clinics..							
NHI Other....	<u>1</u>	<u>150-90 INMATES</u>					
Other than NHI (not owned but used by the organization)							
Hospitals..	<u>11012</u>						
Clinics....	<u>"</u>						
Other.....	<u>"</u>						

b) If additional facilities are planned enter type and expected date of availability:

(*) Head or heads of household

6. Financial Affairs and Operations

- a) Contributions: Current amount per contributor*, highest ¥942.60 lowest ¥122.05 average ¥454.57 how often collected, monthly _____, quarterly X, semi-annually _____, annually _____, other period _____: amount in arrears at end of last completed month ¥ 40,000.00
- b) Income: Total for preceding fiscal year ¥ 427,712.78; percent of total received during preceding fiscal year from, contributions 78%, partial payment of benefits by the insured _____%, municipal subsidy _____%, prefectural subsidy _____%, national subsidy _____%, other sources _____%.
- c) Expenses: Total for preceding fiscal year ¥ _____; percent of total expense for preceding fiscal year for medical care _____%, maternity _____%, nursing _____%, funeral _____%, health facilities _____%, administration _____%, other _____%.
- d) Amount of assets ¥ _____, liabilities ¥ _____, and reserve fund ¥ _____ of the organization at the end of preceding fiscal year.
- e) Is the organization subject to periodic audit by outside interests? _____
If so, what type of audit is made and by whom? _____
- f) Have monthly reports been submitted promptly to Gun and Prefectural offices? _____ What is the latest monthly report available? Give Date _____

7. Payments for Medical and Other Services:

- a) What is the amount allowed for medical fee point? ¥ 8.00
- b) Enter amount of monthly salary paid to full time doctors ¥ 2000.00, nurses ¥ 2850.00
- c) What other remuneration, if any, is received by full time doctors points System full time nurses None
- d) How are other part time, contractual, etc., doctors paid? points

8. Complaints

- a) Enter the major types of complaints received from members regarding:
 - (1) Benefits NO COMPLAINTS
 - (2) Contributions _____
 - (3) Other issues _____
- b) Is there a prescribed formal procedure established for filing and giving consideration to complaints and appeals? _____ Is it used? _____

9. Informational Service.

- a) What methods are used by the organization in giving information to insured and others? Bulletins, MEETINGS

10. Contact Information

- a) Date of contact 20 JAN 48
- b) Persons contacted and their titles _____
- c) Has a previous contact been made with this organization? No If so when _____
- d) Present contact made by J. Atby & P. G. Uyehara

Remarks:

(a) doctors gets 2000.00 plus the points.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

a. Name: SHU SHU GUN Location: SHU SHU GUN
 b. Type: Municipal (City __, Town __, Village X): Association (General Special __, other Juridical Person X). If the organization is a Special Association or other Juridical Person, indicate the industry concerned: AGRICULTURE (COOPERATION ASS.)
 c. Date of formation: 1937; Predecessor, if any: _____

2. Coverage Data:

a. Number of contributors* 552, their dependents 3075 total insured 3075
 b. Number of residents in area 3613 and 85% that are insured under N.H.I.
 c. Number of doctors in area 1 and 100% that are used by the NHI organization
 d. Number of nurses in area 2 and 100% that are used by the NHI organization

3. Administrative Bodies:

a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	MONTHLY	40	40		
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	"	17	17	1	
Association Board						
Association Directors						
Other (Enter type)						

4. Service and Medical Personnel:

a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent of Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	90%	10%	No limit	Doctors	1	
Dental	<input checked="" type="checkbox"/>	"	"	"	Dentists		
Maternity	<input checked="" type="checkbox"/>	"	"	"	Pharmacists		
Funeral					Nurses	1	
Other					PH Nurses	1	

b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals							
NHI Clinics	1						
NHI Other							
Other than NHI (not owned but used by the organization)							
Hospitals	1						
Clinics	4			3			
Other							

b. If additional facilities are planned enter type and expected date of availability:

Plans are to enlarge the clinic and convert into

(*) Head or heads of household hosp. (10 beds)

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 500, lowest ¥ 30, average ¥ 100, how often collected, monthly , quarterly , semi-annually , annually X, other period ; amount in arrears at end of last completed month ¥
- b. Income: Total for preceding fiscal year ¥135,000 percent of total received during preceding fiscal year from, contributions 70%, partial payment of benefits by the insured 66%, municipal subsidy 4%, prefectural subsidy with, national subsidy 4%, other sources 15%.
- c. Expenses: Total for preceding fiscal year ¥ 274,372 percent of total expense for preceding fiscal year for medical care 77%, maternity 0.3%, nursing 0.4%, funeral %, health facilities %, administration 16%, other 7%.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 203 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? YES. If so, what type of audit is made and by whom? ADVISORY COUNCIL, Twice
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? YES. What is the latest monthly report available? Give Date. Feb. 49

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 8
- b. Enter amount of monthly salary paid to full time doctors ¥ Points only nurses ¥ 2500
- c. What other remuneration, if any, is received by full time doctors 1000. full time nurses None.
- d. How are other part time, contractual, etc., doctors paid? points only

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 (1) Benefits
 (2) Contributions
 (3) Other issues
- b. Is there a prescribed formal procedure established for filling and giving consideration to complaints and appeals? . Is it used?

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? by the assembly (Asanaki) members. bulletin

10. Contact Information:

- a. Date of contact 24 Feb 49
- b. Persons contacted and their titles Mayor Doctor + Ass. head.
- c. Has a previous contact been made with this organization? No If so when?
- d. Present contact made by Cpt. G. Miyahara

Remarks:

Report to XEN 23 Feb 49
 BEGINNING 1 Apr. '49 this ass. will turn everything over to N.H.I. & change their name to Shupyu N.H.I. Ass.
 After Apr. their plan is to increase the fees, gradually
 The Advisory Council & the Assembly members are not going to change. They have more Ass. members than it calls for, because they represent ^{each} ~~each~~ bureau.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

1. Identity of Organization:

a. Name: Kozato MURAH Location: NHI - GUN.
 b. Type: Municipal (City, Town, Village X): Association (General X)
 Special, other Juridical Person. If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
 c. Date of formation: July 42. Predecessor, if any: _____

2. Coverage Data:

a. Number of contributors* 965, their dependents 4292 total insured 5257
 b. Number of residents in area 6185 and 85% that are insured under N.H.I.
 c. Number of doctors in area 1 and 25% that are used by the NHI organization
 d. Number of nurses in area 4 and 25% that are used by the NHI organization

3. Administrative Bodies:

a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>20</u>	<u>20</u>		
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	<u>QUARTERLY</u>	<u>20</u>	<u>20</u>		
Association Board						
Association Directors	<input checked="" type="checkbox"/>	<u>"</u>	<u>6</u>	<u>6</u>		
Other (Enter type)						

4. Service and Medical Personnel:

a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent or Limit of Benefit	Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>70%</u>	<u>30%</u>	<u>NO LIMIT</u>	Doctors		<u>2</u>
Dental	<input checked="" type="checkbox"/>			<u>" "</u>	Dentists		<u>2</u>
Maternity					Pharmacists		
Funeral					Nurses		
Other					PH Nurses		<u>1</u>

b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals							
NHI Clinics							
NHI Other							
Other than NHI (not owned but used by the organization)							
Hospitals							
Clinics	<u>2</u>						
Other	<u>2</u>						

b. If additional facilities are planned enter type and expected date of availability:

Plans are to take over an abandoned clinic available June 1949. if the doctor who was born in this Village could be hired by this N.H.I. Ass.

(*) Head or heads of household

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ _____, lowest ¥ _____, average ¥ _____, how often collected, monthly _____, quarterly _____, semi-annually _____, annually _____, other period _____; amount in arrears at end of last completed month ¥ _____.
- b. Income: Total for preceding fiscal year ¥ 62790; percent of total received during preceding fiscal year from, contributions _____%, partial payment of benefits by the insured 7%, municipal subsidy 26%, prefectural subsidy 5%, national subsidy 40%, other sources 22%.
- c. Expenses: Total for preceding fiscal year ¥ 58968 percent of total expense for preceding fiscal year for medical care 13%, maternity _____%, nursing _____%, funeral _____%, health facilities 27%, administration 55%, other _____%.
- d. Amount of assets ¥ _____, liabilities ¥ _____, and reserve fund ¥ 15,416.93 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? Yes. If so, what type of audit is made and by whom? Once a Year Ad. Council
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? Yes What is the latest monthly report available? Give Date. Feb. '49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? Health Center ¥10
clinic ¥9
- b. Enter amount of monthly salary paid to full time doctors ¥ _____, nurses ¥ 3600.
- c. What other remuneration, if any, is received by full time doctors _____ full time nurses _____.
- d. How are other part time, contractual, etc., doctors paid? points

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
(1) Benefits _____
(2) Contributions _____
(3) Other issues doctors - see Remark.
- b. Is there a prescribed formal procedure established for filing and giving consideration to complaints and appeals? _____ Is it used? _____.

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? Bulletin & leaflets.

10. Contact Information:

- a. Date of contact 24 Mar '49
- b. Persons contacted and their titles Mayor - Nishihara N.H.H. Chief Kawasita.
- c. Has a previous contact been made with this organization? No If so when? _____
- d. Present contact made by _____

Remarks: Although this Ass. was formed July '42 No contribution has been collected since 1944. The only thing that this Ass is functioning is with the Municipal Prefecture & National Subsidy.

The Ass hired a doctor from Tokushima with a understanding that he'll cooperate, but when the contract expired he didn't. So the majority of the insured goes to Niihama for treatment, but the doctors won't give the same as they do the other so they go without the N.H.H. Card. About 3 or 4 a month make use of the N.H.H. Card.

Going to have Assembly Meeting beginning of the fiscal yr. Plan are to collect contribution twice a yr.

GUIDE FOR REVIEW OF AN ORGANIZATION
ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

File

1. Identity of Organization:

- a. Name: YOSHINOBU N.H.I. Ass. Location: KITA-UWA-GUN.
- b. Type: Municipal (City , Town , Village X): Association (General X Special , other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
- c. Date of formation: DEC. '49. Predecessor, if any:

2. Coverage Data:

- a. Number of contributors* 628, their dependents 2762 total insured 3390
- b. Number of residents in area 3400 and 928 that are insured under N.H.I.
- c. Number of doctors in area 8 and 100% that are used by the NHI organization
- d. Number of nurses in area 2 and 100% that are used by the NHI organization

3. Administrative Bodies:

- a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Representing Medical	Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>MONTHLY</u>	<u>16</u>	<u>16</u>	<u> </u>	<u> </u>
City, Town, or Village Advisory Council	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Association Board	<input checked="" type="checkbox"/>	<u>4 a Mon.</u>	<u>22</u>	<u>21</u>	<u>1</u>	<u> </u>
Association Directors	<input checked="" type="checkbox"/>	<u>5 a "</u>	<u>8</u>	<u>8</u>	<u> </u>	<u> </u>
Other (Enter type)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

4. Service and Medical Personnel:

- a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent or Limit of Benefit Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input checked="" type="checkbox"/>	<u>40% ~ 60%</u>	<u>NO LIMIT</u>	Doctors	<u>1</u>	<u>1</u>
Dental	<input checked="" type="checkbox"/>	<u>" "</u>	<u>" "</u>	Dentists	<u> </u>	<u>1</u>
Maternity ..	<input checked="" type="checkbox"/>	<u>" "</u>	<u>" "</u>	Pharmacists	<u> </u>	<u>2</u>
Funeral	<u> </u>	<u> </u>	<u> </u>	Nurses	<u> </u>	<u>1</u>
Other	<u> </u>	<u> </u>	<u> </u>	PH Nurses	<u>1</u>	<u> </u>

- b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

- a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals	<u>1</u>	<u>80</u>	<u>200</u>	<u> </u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u> </u>
NHI Clinics..	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NHI Other....	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other than NHI (not owned but used by the organization)							
Hospitals....	<u>ALL Hosp & Clinic UNDER N.H.I. CONTRACT.</u>						
Clinics.....	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Other	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- b. If additional facilities are planned enter type and expected date of availability: None since it's near to the Federation Hospital.

(*) Head or heads of household

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 182.00 lowest ¥ 20, average ¥ 74, how often collected, monthly X, quarterly , semi-annually , annually , other period ; amount in arrears at end of last completed month ¥ 20,000
- b. Income: Total for preceding fiscal year ¥ 737,700 percent of total received during preceding fiscal year from, contributions 49%, partial payment of benefits by the insured 35%, municipal subsidy %, prefectural subsidy 1%, national subsidy %, other sources 16%. *included
- c. Expenses: Total for preceding fiscal year ¥ 837,700 percent of total expense for preceding fiscal year for medical care 77%, maternity 1%, nursing %, funeral %, health facilities 6%, administration 16%, other %.
- d. Amount of assets ¥ , liabilities ¥ 100,000 and reserve fund ¥ 3,000 of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? YES. If so, what type of audit is made and by whom? Records, from Village Assembly
- f. Have monthly reports been submitted promptly to Gun and Prefectural offices? YES What is the latest monthly report available? Give Date. APRIL 149.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 8
- b. Enter amount of monthly salary paid to full time doctors ¥ 2,000, nurses ¥ 4560
- c. What other remuneration, if any, is received by full time doctors full time nurses
- d. How are other part time, contractual, etc., doctors paid?

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
 - (1) Benefits ABOUT PART TIME DOC
 - (2) Contributions FROM FAMILIES THAT IS FORTUNATE
 - (3) Other issues
- b. Is there a prescribed formal procedure established for filing and giving consideration to complaints and appeals? . Is it used? .
NO COMPLAINTS OR APPEALS.

9. Informational Service:

- a. What methods are used by the organization in giving information to insured and others? THRU MEETINGS, LEAFLETS, BULLETINS

10. Contact Information:

- a. Date of contact 31 MAY 149
- b. Persons contacted and their titles MAYOR: MR. S. NUNO Director: X. MUTSUO
- c. Has a previous contact been made with this organization? If so when? Clerk: O. KANETANI
- d. Present contact made by

Remarks:

PART TIME DOCS: SAYS THAT THEY WILL GET WELL QUICKER WITHOUT N.H.I. CARDS
RAISED CONTRIBUTION FROM 5.20 TO 888 YEN YEARLY AVERAGE TO GET OUT
OF THE 100,000 DEBT.
Wish to have more subsidy from Prefecture & NATIONAL GOVERNMENT.

GUIDE FOR REVIEW OF AN ORGANIZATION ADMINISTERING NATIONAL HEALTH INSURANCE (NHI)

file

1. Identity of Organization:

- a. Name: BESSHI-YAMA Location: (UMA-GUN)
- b. Type: Municipal (City , Town , Village X): Association (General , Special , other Juridical Person). If the organization is a Special Association or other Juridical Person, indicate the industry concerned:
- c. Date of formation: Nov. 148. Predecessor, if any:

2. Coverage Data:

- a. Number of contributors* 287, their dependents 832 total insured 1119
- b. Number of residents in area 1390 and 80.6 that are insured under N.H.I.
- c. Number of doctors in area 1 and 0% that are used by the NHI organization
- d. Number of nurses in area 4 and 0% that are used by the NHI organization

3. Administrative Bodies:

- a. Check the type or types of administrative bodies used by the organization, enter the frequency of regular meetings of such bodies, i.e., "weekly", "Monthly", etc., the number of members, and the number of members representing the interests indicated:

Type of Administrative Body	In Effect	Meeting Frequency	Number of Members	Number Insured	Number Representing Medical	Number Representing Public
City, Town, or Village Assembly	<input checked="" type="checkbox"/>	<u>Once in Two Months</u>	<u>10</u>	<u>10</u>		
City, Town, or Village Advisory Council	<input checked="" type="checkbox"/>	" " " "	<u>5</u>	<u>5</u>		
Association Board	<input type="checkbox"/>					
Association Directors	<input type="checkbox"/>					
Other (Enter type)	<input type="checkbox"/>					

4. Service and Medical Personnel:

- a. Enter services and personnel provided by the organization:

Type of Service	Check if Provided	Percent Benefit	Limit of Cost Allowed	Number of Days Allowed	Type of Personnel	Number Full Time	Number Other
Medical care	<input type="checkbox"/>	<u>50%</u>	<u>50%</u>	<u>Cash PAYMENT</u>	Doctors	<u>1</u>	
Dental	<input type="checkbox"/>				Dentists		
Maternity	<input type="checkbox"/>				Pharmacists		
Funeral	<input type="checkbox"/>				Nurses	<u>4</u>	
Other	<input type="checkbox"/>				PH Nurses		

- b. If additional services and personnel are planned enter type and expected date of availability:

5. Facilities:

- a. Enter information on medical facilities provided by the organization:

Type of Facility	NUMBER Used	Med. Service Capacity		Dental Service		Other Service	
		In-patients	Out-patients	Yes	No	Yes	No
NHI Hospitals							
NHI Clinics..							
NHI Other....							
Other than NHI (not owned but used by the organization)							
Hospitals....							
Clinics.....							
Other							

- b. If additional facilities are planned enter type and expected date of availability: No

(*) Head or heads of household

6. Financial Affairs and Operations:

- a. Contributions: Current amount per contributor*, highest ¥ 2800⁰⁰
lowest ¥ 300⁰⁰, average ¥ 1160⁰⁰ how often collected, monthly ,
quarterly X, semi-annually , annually , other period ; amount in
arrears at end of last completed month ¥ 40910⁰⁰ 160300⁰⁰
- b. Income: Total for preceding fiscal year ¥ 40910⁰⁰ percent of total re-
ceived during preceding fiscal year from, contributions 70%, partial pay-
ment of benefits by the insured %, municipal subsidy 16%, prefectural
subsidy %, national subsidy 14%, other sources %.
- c. Expenses: Total for preceding fiscal year ¥ 101600⁰⁰ percent of total
expense for preceding fiscal year for medical care 71.7%, maternity 8%,
nursing %, funeral %, health facilities %, administration 20.3%,
other %.
- d. Amount of assets ¥ , liabilities ¥ , and reserve fund ¥ 59300⁰⁰
of the organization at the end of preceding fiscal year.
- e. Is the organization subject to periodic audit by outside interests? YES.
If so, what type of audit is made and by whom? ONCE A YR. ASS. MEMBERS.
- f. Have monthly reports been submitted promptly to Gun and Prefectural
offices? YES What is the latest monthly report available? Give Date.
7 APR. '49.

7. Payments for Medical and Other Services:

- a. What is the amount allowed for medical fee point? ¥ 11⁰⁰
- b. Enter amount of monthly salary paid to full time doctors ¥ ,
nurses ¥
- c. What other remuneration, if any, is received by full time doctors
full time nurses
- d. How are other part time, contractual, etc., doctors paid? peralts

8. Complaints:

- a. Enter the major types of complaints received from members regarding:
(1) Benefits
(2) Contributions Too High
(3) Other issues Like to have their own Doc.
- b. Is there a prescribed formal procedure established for filling and giving
consideration to complaints and appeals? YES. Is it used?

9. Informational Service:

- a. What methods are used by the organization in giving information to insured
and others?

10. Contact Information:

- a. Date of contact 6 MAY '49
- b. Persons contacted and their titles MAYOR - MR. YONEZIRO FUJITA
- c. Has a previous contact been made with this organization? NO If so when?
- d. Present contact made by

Remarks:

They have to pay the cash directly to the doctor.