

Insurance Claim Form (Hanhwa Insurance Holders)

Name 이름	
School 학교	GIST
Date 날짜	
Alien Card # 외국인등록 번호	
Bank Name 은행 이름	
Bank Account # 계좌번호	
Pls, briefly describe reason for visit (symptoms, treatment, etc) 내원이유	

Supporting documents to submit together with this form:

1. a copy of bankbook (scanned)
2. a copy of alien registration card (scanned)
3. Itemized bills of hospital and pharmacy (scanned)
 - Receipt showing only the amount you paid is NOT acceptable. You need to submit itemized bills with the amount you paid.
 - Itemized pharmacy bill is already printed on your medicine envelop

Send all of the above documents to Mr. Seo at sjhjjang0308@hanmail.net