

Financial Assistance Application for HIV Screening and PrEP Medications/Testing

Processing
deadline
30 days

| | | | |
|--|---|---|-------------|
| No. | *To be completed by the public health center. | | Date |
| Applicant | Name | Date of Birth | |
| | Phone | Relationship to Patient | |
| | Address (Include only up to eup, myeon and dong) | Mobile Phone or Email | |
| <input type="checkbox"/> Same as Applicant | | | |
| Beneficiary | Name | Resident Registration Number (For foreigners, residence number or passport number) | |
| | Address (Include up to eup, myeon and dong) | | |
| Healthcare Provider Information | Facility Name | | (Specialty) |
| | Primary Care Physician (Name) | | |
| Types of Medical Coverage | <input type="checkbox"/> Health Insurance (<input type="checkbox"/> Employer-Provided Policyholder <input type="checkbox"/> Locally Provided Policyholder) <input type="checkbox"/> Medical Benefit Beneficiary (<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Recipient of Co-Payment Reduction for the Near-Poverty Class <input type="checkbox"/> Other (Specify:) | | |
| Amount of Payment Requested | (The amount should match the medical expenses listed in the supporting documents, such as medical bills and receipts for medications) | | |
| Payable to | Bank Name : | Bank Holder: | |

I hereby apply for financial assistance for HIV Screening and PrEP medications/testing in accordance with Subparagraph 4 of Article 22 of the Prevention of Acquired Immunodeficiency Syndrome Act.

(YYYY) (MM) (DD)

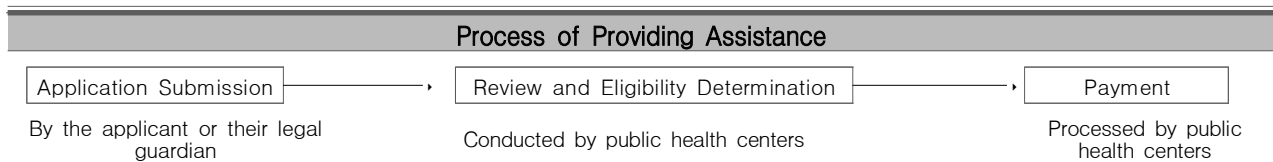
Applicant

(Signature or seal)

Head of Public Health Center

| | | |
|--------------------------------------|--|---------------------|
| Required Documentation | 1. A copy of the application form (one-time submission required for all applicant) 2. A copy of supporting documents, such as receipts for tests, medications, and detailed calculations of medical expenses (original receipts must also be submitted). 3. A copy of the bank statement in the applicant's name (required only once for all applicants). * Note: If the public health center where documents are submitted changes, both the application form and a copy of the bank passbook must be resubmitted to the new public health center. | No Fees Required |
| Submission Methods | In-person submission, registered mail | |
| Public Health Center Checklist | 1. Confirm the applicant's identity. (If the applicant is different from the beneficiary, confirm the applicant's eligibility.) 2. Ensure the beneficiary signs the "Consent to the Collection and Use of Personal Information and Sensitive Information" form. * Note: For minors under 14 years of age, the parent or legal guardian must sign on their behalf. | |

| Consent to the Collection, Use, and Provision of Personal and Sensitive Information for Financial Assistance Application for HIV Screening and PrEP Medications/Testing | Consent |
|---|-------------|
| <p>I hereby consent to the provision of my information for the purpose of the Financial Assistance Application for HIV Screening and PrEP Medications/Testing, in accordance with Subparagraph 4 of Article 22 of the Prevention of Acquired Immunodeficiency Syndrome Act. This consent is based on the collection and use of personal and sensitive information as stipulated in Article 27 (Management of Sensitive Information and Personally Identifiable Information) of the Enforcement Decree of the Prevention of Acquired Immunodeficiency Syndrome Act, as well as Paragraph 1 of Article 15 (Collection and Use of Personnel Information) of the Personal Information Protection Act.</p> <p><input type="checkbox"/> Information collected: Name, resident registration number, address, and contact details</p> <p><input type="checkbox"/> Utilizing institutions: KDCA and public health centers</p> <p><input type="checkbox"/> Period of retention and use of personal information: Until the assistance program ends</p> <p><input type="checkbox"/> You may refuse to provide consent; however, refusal will result in restrictions on financial support for testing(screening) and medication costs.</p> <p>※ The collected personal information will be used strictly for the purposes of providing financial support for HIV Screening and PrEP medications/Testing costs, as well as for statistical processing. It will be managed in strict compliance with the Personal Information Protection Act and Article 7 (Prohibition against Divulgence of Confidential Information) of the Prevention of Acquired Immunodeficiency Syndrome Act.</p> | (signature) |



210mm×297mm[일반용지 60g/㎡(재활용품)]