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| 決定額 |  |  |  |  |  |  |
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| **国民健康保険療養費支給申請書** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （ | | | 一般・歯科・薬剤・補装具・柔整  あんま・マッサージ・はり・きゅう  看護・移送・その他・生血 | | | | | | | | | | | | | | | | | ） | |
| 申請者  （世帯主） | | 住所  氏名 | | | （連絡先） 電話 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 被保険者  個人番号 | | | |  | | | | | | | | | | | | | | | | | | | | | | | 療養を受けた被保険者氏名 | | | | | | | | |  | | | | | | | | | | | | | | | |
| 世帯番号 | | | |  | | | | 被保険者  記号・番号 | | | | | | | | |  | | | | | | | | | |
| 傷病名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 発病負傷年月日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | | | | | | |  | | | |  | | | | | | | | | |
| 療養期間  （調剤・施術） | | | | 年　　　月　　　日から　　　月　　　日まで　　　　日間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療薬剤の支給又は手当を受け  た病院・診療所・薬局其の他の  者の名称及び所在地 | | | | | | | | |  | | | |  | | | | |  | | | | |  | | |  | | | | |  | | | | |  | | |  | | | | | | |  | | |  | | |
| 病院・医院・診療所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養費の支給申請をした理由  ＜被保険者証で治療等が受けられなかった具体的な理由＞ | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 診療調剤又は手当に従事した  医師、歯科医師、薬剤師その他  の者の氏名 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 発病又は負傷の原因 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 療養に要した費用 | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり療養に要した費用に関する証拠書類を添えて申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 百万 | | | | 十万 | | | 万 | | 千 | | | | 百 | | | | 十 | | | 円 |
| 振込先 | * 公金受取口座を利用する（利用する場合は口座情報の記入不要）   ※公金受取口座を登録していない方は、マイナポータルから簡単に登録いただけます。通帳等の写しの提出も不要になります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 振込口座を下記のとおり指定する | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | | |  | | |  | |  | | |  | | | | |  | | |  | | |  | | | |  | | |  | |  | | | |  | |  | | | |  | | | |  | | |  |
| 口座名義人 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 振込先金融機関 | | 銀行コード | | | | | | | | | | | |  | | | | |  | | | |  | | | | |  | 支店コード | | | | | | | | | | |  | | | | | |  | | |  | |
| 銀行  信用金庫  信用組合  協同組合 | | | | | | | | | | | | | | | | | | | | | | | | | | | 支店 | | | | | | | | | | | | | | | | | | | | | |
| （右詰前0）  口座番号 | | | |  | | |  | |  | | | |  | | | | |  | | |  | | | |  | | 口座種別 | | | | | | |  | | | | | | | | １・２  普通・当座 | | | | | | |
| （世帯主と預金名義人が違う場合は、この欄に署名捺印してください。）  　　上記名義人口座への振込を了承します。　　　世帯主氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 印 | | | | | | | | |
| 土佐清水市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |