様式第3号（第4条関係）

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| 課　　長 | 課長補佐 | 係　　長 | 係 |
|  |  |  |  |

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| --- | --- |
| 支給決定額 | 円 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 国民健康保険療養費支給申請書  　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　年　　　月　　　日  　　　高鍋町長　　　様  　　　　　　　　　　　　　　　　　　　　　　　　　　　　住　所　 高鍋町  　　　　　　　　　　　　　　　　　　　　　　　　　　 世帯主の  　　　　　　　　　　　　　　　　　　　　 　　　　氏　　名　　　　　　　　　　　　　　　　㊞  　　　　　　　　　　　　　　　　　　　　　　　　 　　世帯主の個人番号   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   連 絡 先  　次のとおり関係書類を添えて申請します。     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被保険者証の  記 号 番 号 |  | | | | | | | | | | | 被保険者  の区分 | | | | | 1　一般被保険者  2　退職被保険者等（本人・扶養） | | | | | | | | | | | 療養を受けた者の  氏 名 |  | | | | | | | | | | | 世帯主との  続　　柄 | | | | | | | |  | | | | | | | | 療養を受けた者の  個 人 番 号 |  |  | |  | | |  | | |  | | |  | |  | | |  | | |  |  | |  | |  | | 傷 病 名 |  | | | | | | | | | | 発病・負傷  年　月　日 | | | | | | | | | 年　　月　　日 | | | | | | | | 発 病 の 原 因 |  | | | | | 傷病の  経 過 | | | | |  | | | | | 療養  期間 | | | | 年　　月　　日から  　　年　　月　　日まで  　　　日間（入院・通院） | | | | | | | | 療養に要した費用額 | 円 | | | | | | | | | | | | | | | 療養  内容 | | | |  | | | | | | | | 診療・薬剤の支給又は手当を受けた病院等の名称及び所在地 | 名 称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 所在地 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 診療又は調剤に従事した医師  歯科医師又は薬剤師の氏名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 療養の給付を受けることができなかった理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 備 考 | （基準額　　　　　　　　　円）×給付率＝支給対象額  　　　　　　　　　　　　　　　　0.9  　　　　　　　　　　　　　円×　0.8　　＝　　　　　　　　　　　円  　　　　　　　　　　　　　　　　0.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | 振込先 | 金融機関名 | | | |  | | | | | | | | | 支店名 | | | | |  | | | | 口座  種別 | | 普通  当座 | | | 口座番号 | | | |  |  | |  |  | |  |  | |  | | 口座名義  （カナ） | | | | |  | | | | | | |

　　※添付書類・・・療養に要した費用の領収書及び明細書等の関係証拠書類

　　※第三者行為の確認