国民健康保険療養費(差額)支給申請書

(高齢受給者：2割、3割)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 被保険者記号・番号 | | | | | | | | | | | | | | 国札 | | | | | | | | | | | | | | | | ― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養を受けた被保険者 | | | | | 個人番号 | | | | | | |  | | | |  | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | | | | |  | | | |  | | | | | | |  | | | |  | | | | |
| 住所 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | |  | | | | | | | | | | | | | | | 年　　月　　日生 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 傷病名 | | | | |  | | | | | | | | | | | | | 療養期間 | | | | | | | 年　　月　　日から  (　　日間)  年　　月　　日まで | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 発病負傷年月日 | | | | | 年　　月　　日 | | | | | | | | | | | | |
| 診療、薬剤の支給又は手当を受けた病院、診療所、薬局その他の者の名称及び所在地並びに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 | | | | | | | | | | | | | 名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 傷病の原因 | 1  2 | | | | | | | | 傷病の経過 | | | | 治ゆ、死亡  転医、中止  繰越、軽快 | | | | | | | | | | 療養の内容 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養給付を受けられなかった理由 | 1　療養の給付等を行うことが困難であったため  2　緊急その他やむを得ない理由により資格確認書等を提示できなかったため | | | | | | | | | | | | | | | | | | | | | | | | 療養につき算定した費用の額① | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | |
| ①の額に資格確認書等に記載された割合を乗じて得た額 | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | |
| 被保険者が支払った額 | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | |
| 備考 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請年月日 | | | 年 | | | | 月 | | | 日 | | | 申請金額 | | | | | | | | | 十億 | | | | | | | | | | | | | 百万 | | | | | | | | | | 千 | | | | | | | | | |  | | | | | | | | | | | 円 | | | |
|  |  | | |  |  | |  |  | |  | | |  | | |  | | | |  | | |  | |  | | | |  | | | |  | |  | | | |  | | | |  | | |  | | | |  | | | |
|  | | | | | | 請求番号 | | | | | | | | |  | |  | | | |  | | |  | | 電話番号　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者  (世帯主)  (宛先) | | 郵便番号 | | | | | | | | | | | | | 個人番号 | | | | | | | | | | | |  | | | |  | | |  | |  | | | |  | | | |  | | |  | | | | |  | | | |  | | |  | | | |  | | | |  | | |
| 住所  　フリガナ  　氏名  　　札幌市　　　　区長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者(世帯主)の口座  金融機関  　　　　銀行・信金　　本店・出張所  　　　　信組・農協　　支店・支所 | | | | | | | | | | | | | | | | | | | | 預金種目  1普通  2当座  3納準・別段 | | | | | | | | | | | | | | | 銀行コード  　　口座番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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備考　この様式により難いときは、この様式に準じた別の様式を用いることができる。