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| 国民健康保険 | 食事療養標準負担額差額  生活療養標準負担額差額 | 支給申請書 |

(高齢受給者：2割)

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| 被保険者記号・番号 | | | | | | | | | | | | | 国札 | | | | | | | | | | | | | | ― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 減額対象者 | | | | 個 人 番 号 | | | | | | | | |  | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯主との続柄 | | | | | | | |  | | | | | 生年月日 | | | | | | | | | | | | | 年　　月　　日生 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 減額認定証の交付を受けている者 | | | | | | | | | | | | | | | 発行年月日 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有効期限 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養を受けた保険医療機関等 | | | | | | | | | | | | | | | 名称 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院期間(日数) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院期間に受けた療養に対し支払った額(標準負担額)　① | | | | | | | | | | | | | | | 食数  　　　×　　標準負担額 | | | | | | | | | | | | | | | | | | | | | | | | | | ＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 減額認定証の交付申請又は提出ができなかった理由 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請年月日 | | | 年 | | | 月 | | | 日 | | 申請金額 | | | | | | | | 十億 | | | | | | | | | | | | | 百万 | | | | | | | | | | | 千 | | | | | | | | | | |  | | | | | | | | | | | | 円 | | |
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|  | | | | | | 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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|  | 支払った標準負担額×食数　① | 減額された標準負担額×食数　② | 支給決定額(差額)①－② |
| 円 | 円 | 円 |

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。