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| 被保険者証の  記号・番号 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | Ｓ・Ｈ 　・ 　・ | | | | | | | | | | | | | | | | | 年齢 | | | | | 歳 | | | | |
| 療養を受けた  　被保険者名 | | | | | | | | 傷　病　名 | | | | | | | | | | | | | 療養を受けた病院  等の名称 | | | | | | | | | | | | | | | | | | | | | | 入院・通院、医科  歯科その他の別 | | | | | | | | | | | 一　般  退職者 | | | | | | | の別 | | | | | 一部負担として  支払った額 | | | | | | | | | |
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| 個人番号 | | |  | |  | | | | | |  |  | |  | | | |  | | |  | | | |  | | |  | | | |  | | | | |  | | | |  | |  | | | | | | | | | |
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| 市町村民税課税の有無 | | | | 有 | | | | | | | | | | | 無 | | | | | | | 市町村条例により市町村民税免除の有無 | | | | | | | | | | | | | | | | | | | | | | | 有 ・ 無 | | | | | 高齢受給者  負担区分 | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| 高額療養費として前12ヵ月間に支給を受けた該当月に〇印を | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 年 　　月 　　日  世帯主 住　所  氏　名  　　　　　　　　　　　　　　　　　　　　　　　　　 個　人  　　　　　　　　　　　　　　　　　　　　　　　　　 番　号  空知中部広域連合長　　　　　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記の申請金額の受領を 　　　　　　　　　　　　　　に委任いたします。  　　　 　　 年 　　月 　　日　 　　　世帯主 住　所  　　　　　　　　　　　　　　　 　　　 氏　名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※上記申請に基づく高額療養費の支給額は下記決定調書のとおりである。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 審　　査　　決　　定　　額　　調　　書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養を受けた | | | | | | | 療養に要した  費　 用　 額 | | | | | | | | | | | | | | 保 険 者  負 担 額 | | | | | | | | | | | | | 一部負担  金 の 額 | | | | | | | | | | | | 他法負担  （優先）  の額 | | | | | | 自己負担  限 度 額 | | | | | | | | 差引支給額  － | | | | | | | | | 世帯合算等に  （計 算 式） | | | | | |
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| 計 | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |
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| 受　取　り　希　望　金　融　機　関　名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | フ リ ガ ナ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 銀行・農協  金庫・信組 | | | | | | | | | | | | | | | | | 本店・支店  本所・支所 | | | | | | | | | | | | | | | | | | | | | | | | | 普通  当座  貯蓄 | | | | | 口座名義人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座番号 | | | | | |  | | |  | | | | | |  | |  | | | |  | | | |  | |  | |