様式第5号(第9条関係)

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| 申請者記入 | ひとり親家庭等医療費支給申請書 | | | | | | | | | | | | | | | | |
| 永平寺町長　　　　様 | | | | | | | | | | | | | | 年　　月　　日提出 | |  |
|  | | | | | | | | | | | | | | | | |
|  | | | | | 受給者(保護者) | | | | 住所 | | 永平寺町 | | | |  |  |
| 氏名 | |  | | | |  |
| 下記のとおり領収証明書(領収書)を添えて医療費助成の申請をします。 | | | | | | | | | | | | | | | | |
| 受診者 | 受給者番号 |  |  |  | |  |  |  | |  | | 加入保険 | 1　国保　　2　退職　　3　国組  4　協会　　5　日雇　　6　組合  7　船員　　8　共済 | | | |
| 氏名 |  | | | | | | | | | |
| 生年月日 | 年　　　月　　　日 | | | | | | | | | |

○この申請書は申請者が記入してください。

○1年を過ぎたものは無効となります。

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| 医療機関記入 | 領収証明書 | | | | | | | | | | | | | | | | |
|  | 受診年月 | 年　　月分 | | | | | 保険診療総点数 | | | | 点 | | | | |  |
| 受診者名 | 様 | | | | | 保険診療一部負担金 | | | | 円 | | | | |
| 入院外来区分 | 1　入院　2　外来　3　訪問 | | | | | 入院時食事療養費 | | | | 円 | | | | |
| 下記のとおり領収したことを証明します。  　　　　　年　　月　　日　　　　　　　　　　　　　　　　住所  名称  氏名　　　　　　　　　　印 | | | | | | | | | | | | | | | | |
|  | | | 府県 | | 表 | 地区 | | | 番号 | | | | | | 診療科目 | |
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○点数及び金額は、保険診療の対象分のみ記入してください。

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| A　総医療費 | | | | | | | | B　本人負担 | | | | | | | | C　附加給付 | | | | | | D　高額療養 | | | | | | | | | E　他負担 | | | | | | | | F　助成額 | | | | | | | 現償 |
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| 算出基礎 |  | 食事療養費 | | | | | | 総支給額 | | | | | | 支給月 | | | | | データNo. | | | | |
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