様式第１０号（第１０条関係）

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| 国民健康保険　高額療養費　支給申請書 | | | | | | | | | | | | | | | | | |
| 保険証番号 | | | | 世帯主氏名 | | | | 診療年月 | | | 課税区分 | | | | 所得区分 | | |
|  | | | |  | | | | 年　月 | | |  | | | |  | | |
| 交通事故等の第三者行為 | | | | | | 有　　・　　無 | | | | | |  | | | | | |
| 請求年月 | | 療養を受けた被保険者氏名 | | | | 生年月日 | | | 医療機関名 | | | | | 入外 | | 日数 | 総医療費 |
| 個人番号 | | | 患者負担額 |
| 年　月 | |  | | | | 年　月　日 | | |  | | | | |  | | 日 | 円 |
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| 被保険者負担額 | | | | 限度額 | | | | 受領委任額 | | | 支給済額 | | | | 支給額 | | |
| 円 | | | | 円 | | | | 円 | | | 円 | | | | 円 | | |
| 上記のとおり申請いたします。  　　　年　　月　　日　住所 | | | | | | | | | | | | | | | | | |
| 田原市長殿 | | | 申請者氏名  (世帯主) | | 個人番号 | | | | | | | | | | | | |
|  | | |  | | 電話番号 | | | | | | | | | | | | |
| 1:現金  2:振込 | 銀行  信用金庫  信用組合  農協 | | | | | | 本店  支店  出張所 | | | 種目 | | | 口座名義人 | | | | |
| 1.普通(総合) 2.当座 | | | ﾌﾘｶﾞﾅ | | |  | |
| 口座番号 | | | 氏名 | | |  | |
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