**国民健康保険　高額療養費支給申請書　兼　請求書**

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| **診療年月** | **平成　　　年　　　月** | **記号番号** | **柏国** |

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| --- | --- | --- | --- | --- | --- |
| **療養を受けた被保険者** | **入外** | **費 用 額** | **一部負担金の額** | **医療機関名** | **その他** |
| **別紙のとおり** | **入・外** | **円** | **円** |  |  |
|  | **入・外** | **円** | **円** |  |  |
|  | **入・外** | **円** | **円** |  |  |

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| **診療月以前１２箇月の高額療養費**  **支給回数確認欄（直近3箇月）** | **年　　　月** | **年　　　月** | **年　　　月** |
| **第三者行為**  **（交通事故等による負傷）** | **該当　・　非該当** | | |

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| **振込先** | **名称** | **銀行・信用金庫・農協** | | | | | | | | **本店・支店** | |
| **口座番号** |  |  |  |  |  |  |  | **口座種別** | | **普通・当座・( )** |
| **名義人（カナ）** |  | | | | | | | | | |
| **名義人（漢字）** |  | | | | | | | | | |

**上記のとおり、高額療養費の支給申請及び、　　　　　　　　　　円を請求します。**

**平成　　　年　　　月　　　日**

**柏原市長様**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **世帯主** | **住所** | **柏原市** | | |
| **氏名**  **個人番号** | **印** | **電話番号　　　(　　　)** | |
| **申請人** | **住所** |  | **世帯主**  **との続柄** |  |
| **氏名**  **個人番号** | **印** | **電話番号　　　(　　　)** | |

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| **受　付　処　理　欄** | | | | | | | | | | | | | | | | | | | | |
| **区分** | **世帯** | **ア** | **イ** | | **ウ** | | **エ** | | **オ** | | **合算** | **多数** | | **認定証発行** | **一般** | | | **退職** | | |
| **高 齢** | **現役・多数** | | **一般・多数** | | | | **Ⅰ・Ⅱ** | | | **合算** | **外来**  **のみ** | | **療養費** | **公費** | **障** | **老** | **長期高額** | | |
| **こ** | **親** | **国公費** | | |
| **高　 割** | | **前　期** | | | | **若　人** | | | | **未就学** | | | **保険料充当** | | **支給決定金額** | | | | | |
| **一部・全部** | | **円** | | | | | |
| **備考** | |  | | | | | | | | | | | | | **宛名番号** | | | | **受付** |  |
|  | | | |