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| 国民健康保険 | | | | | | 高額療養費 支給申請書 | | | | | | |  |  |  |  |  |
| 被保険者記号・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 | | | 性別 | 医療機関名 | | | | 入外 | | | 日数 | 総医療費 | |
| 個人番号 | | | | 患者負担額 | |
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| 貸付額 | | | 支給済額 | | | 被保険者負担額 | | | | 限度額 | | | 支給額 | | | | |
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| 上記のとおり申請いたします。住所  申請者氏名 (世帯主)  電話番号 | | | | | | 個人番号 | | | | | | |  |  | 年 | 月 | 日 |
| 受取口座 | * 公金受取口座を利用する（利用する場合は口座情報の記入不要）。 * 振込口座を指定する。 | | | | | | | | | | | | | | | | |
| 1:現金  2:振込 | 銀行  信用金庫農協 | | | | 支店 | | | | 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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