様式第11号(第15条関係)

国民健康保険療養費支給申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 被保険者証の記号番号 | | み　塩　Ａ | | | | | 療養を受けた  被保険者の  氏名・生年月日 | | | | | |  | | | | | | | | | | | | 世帯主との続柄 | | | | | | |  | | | | | | | | | |
| 年　　月　　日 | | | | | | | | | | | |
| 個人番号 | | | | |  |  | |  | |  | | | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | |
| 傷病名 | |  | | | | | | | | 療養期間 | | | | | | | | | | | | 年　　　　月　　　　日　から  　　　年　　　　月　　　　日　まで  日間 | | | | | | | | | | | | | | | | | | | |
| 発病・負傷  年月日 | |  | | | | | | | |
| 診療・薬剤の支給又は手当てを受けた病院、診療所,薬局その他の者の名称及び所在地 | | | |  | | | | | | | | | | | | | | | | | | 発病の原因 | | | | | | | |  | | | | | | | | | | | |
| 傷病の内容 | | | | | | | |  | | | | | | | | | | | |
| 診療又は調剤に従事した医師歯科医師又は薬剤師の氏名 | | | |  | | | | | | | | | | | | | | | | | |
| 療養の内容 | | | | | | | |  | | | | | | | | | | | |
| 療養の給付を受けることができなかった理由 | | | |  | | | | | | | | | | | | | 療養に要した費用 | | | | | 円 | | | | | | | | | | | | | | | | | | | |
| 銀行名 | | | |  | | | | | | | 銀行 | | | | | | 口座番号 | | | | | | | | 普・当・貯 | | | | | |  | |  |  | |  |  | | |  |  |
| 信金 | | | | | |
| 信組 | | | | | |
| 農協 | | | | | |
| その他 | | | | | |
| 支店名 | | | |  | | | | | | | 支店 | | | | | | 預金名義人  (カナ) | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり療養に要した費用に関する別紙証拠書類を添えて申請します。  　　　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯主 | | | 住所　 塩竈市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名　　　　　　　　　　　　　　　　　　　　　　　　印 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | | | |  | | |  | |  | |  | |  |  |  |  | |  |  | |  |  | |  | | | | | | | | | | | | |
| 電話番号　　　　　―　　　　　― | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 塩竈市長　　殿 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 本人確認欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| □個人番号カード　□運転免許証　□パスポート　□その他(　　　　　　・　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |