様式第9号(第13条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 国民健康保険 | | | | | | | | | | 限度額適用 | | | | | | | | | | 認定申請書 | | | | | | | | | | | | | |
| 標準負担額減額 | | | | | | | | | |
| 限度額適用・標準負担額減額 | | | | | | | | | |
| No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者記号番号 | | | | み　塩　　Ａ | | | | | | | | | | | | | | 生年月日 | | 年　　　月　　　日 | | | | | | | | | | | | | |
| 減額対象者 | | | | フリガナ |  | | | | | | | | | | | | | 性別 | | 男　･　女 | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | 個人番号 | |  |  |  |  |  |  |  |  |  | |  | |  |  |
| 世帯主(組合員)との続柄　本人　･　他(　　　　) | | | | | | | | | | | | | | 長期入院 | | 該当　･　非該当 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ① | 入院中・入院予定の期間(日数) | | | | | | | | | | | | | | | | | 年　　月　　日から  　　　　　年　　月　　日まで | | | | | | | | 日間 | | | | | | | |
| 入院中･入院予定の保険医療機関等名 | | | | | | | | | | | | | | | | | 名称 | |  | | | | | | | | | | | | | |
| 所在地 | |  | | | | | | | | | | | | | |
| ② | 入院中・入院予定の期間(日数) | | | | | | | | | | | | | | | | | 年　　月　　日から  　　　　　年　　月　　日まで | | | | | | | | 日間 | | | | | | | |
| 入院中･入院予定の保険医療機関等名 | | | | | | | | | | | | | | | | | 名称 | |  | | | | | | | | | | | | | |
| 所在地 | |  | | | | | | | | | | | | | |
| ③ | 入院中・入院予定の期間(日数) | | | | | | | | | | | | | | | | | 年　　月　　日から  　　　　　年　　月　　日まで | | | | | | | | 日間 | | | | | | | |
| 入院中･入院予定の保険医療機関等名 | | | | | | | | | | | | | | | | | 名称 | |  | | | | | | | | | | | | | |
| 所在地 | |  | | | | | | | | | | | | | |
| ① | 以前入院していた期間(申請日より一年間のもの)  ※90日以上は要記入 | | | | | | | | | | | | | | | | | 年　　月　　日から  　　　　　年　　月　　日まで | | | | | | | | 日間 | | | | | | | |
| 入院していた保険医療機関等 | | | | | | | | | | | | | | | | | 名称 | |  | | | | | | | | | | | | | |
| 所在地 | |  | | | | | | | | | | | | | |
| ② | 以前入院していた期間(申請日より一年間のもの)  ※90日以上は要記入 | | | | | | | | | | | | | | | | | 年　　月　　日から  　　　　　年　　月　　日まで | | | | | | | | 日間 | | | | | | | |
| 入院していた保険医療機関等 | | | | | | | | | | | | | | | | | 名称 | |  | | | | | | | | | | | | | |
| 所在地 | |  | | | | | | | | | | | | | |
| 上記の通り申請します。  　　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 《世帯主》 | | | 住所 | | 塩竈市 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 氏名 | | 印　(男　･　女) | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 電話 | | (　　　) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 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(　　　　　　　・　　　　　　　　) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |