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| 第１３号様式（第２６条関係） | □入力済 | □確認済 |

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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 | 長－ | |  | |  |  |  | |  |  |  | | 療養を受けた被保険者 | | | | | | 氏名 | | |  | | | | | | | | | | | | | | | | | 世帯主との続柄 | | | | | | | | |  | | | | | |
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| 診療年月 | 令和 | | | 年　 　月分－ | | | | | | | | | 生年月日 | | | 昭和・平成・令和　　　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | |  | |  | | |  | |  | | |  | |  | |  | | | |  | |  | | | |  | | |  | | |  | |
| 療養を受けた病院、診療所、薬局等の名称 | | | | | | | | | | | | | | 診療区分 | | | | | | | | 療養を受けた日数 | | | | | | | | | | | | | | | | | | | | | | 支払った額 | | | | | | | | | |
| 所在地 | | | | | | | | | | | | | | 傷病名 | | | | | | | | | | | | | | | | | | | | | |
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| 多数回該当月 | | 令和　　 　年　　　 月　／　令和　 　　年　　 　月　／　令和　　　年　 　　月 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 療養を受けた理由 | | １．一般の傷病等　　　２．第三者行為による傷病等　　　３．業務上の傷病等  ４．その他（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 振込口座 | | 銀行  信金  農協 | | | | | | | | | |  | | |  |  |  | 種別 | | | 口座番号 | | | | | | | | | | | | 名義人（カタカナ）   * 左詰めで記入 | | | | | | | | | | | | | | | | | | | | |
| 支店 | | | | | | | | | |  | | |  |  |  | １普 | | ２当 |  | |  | |  |  | |  | |  |  | |  |  |  | |  |  | | |  | |  | |  | |  | | |  |  | |  |
| 長岡京市長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （世帯主）住所　　長岡京市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名　　　　　　　　　　　　　　　　　　　　　　個人番号  電話　（　　　　　）　　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 決裁処理（※この欄には記入しないで下さい。） | | | | | | | |
| 区分 | | 食事差額申請 | | 75歳到達月特例 | | | |
| 済　・　未　・　不要 | | 該当　　・　　非該当 | | | |
| 高　額　課　税　区　分 | | 7　0　歳　以　上　負　担　区　分 | | | |
| ア　　　イ　　　ウ　　　エ　　　オ | | 現役Ⅲ　　現役Ⅱ　　現役Ⅰ  一般　　　区分Ⅱ　　区分Ⅰ | | | |
| 支　　　　　給 | 決定 | 費用額 | 円 | | 決定区分 | □　外　来　の　み  □　高齢世帯合算有  □　国保世帯合算有  □　多　数　該　当  □　追　加　支　給 | |
| 保険者負担額 | 円 | |
| 現物給付 | 円 | |
| （限度額） | 円 | | 支給金額 | 円 | |
| 一部負担金 | 円 | | 支給年月日 | 年　　　月　　　日 | |
| 否決定 | □　基準額以下  □　レセプト未着（　　/　　）  □　過誤処理中　（　　/　　）  □　その他（　　　　　　　） | | | 他法負担 | 他法 | 円 |
| 国保 | 円 |