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| 医療費支給申請書  (柔道整復・あん摩・マッサージ・はり・きゅう等用) | | | | | | | | | | | | | | | | | | | | | | | | | |
| □重度心身障害者等  　　□ひとり親家庭等  　小豆島町長　　　　殿 | | | | | | | 受給者 | | | | 受給資格者証番号 | | | | | |  | | | | | | | |  |
| 住所 | | | | | |  | | | | | | | |
| 氏名 | | | | | |  | | | | | | | |
| 生年月日 | | | | | |  | | | | | | | |
| 被保険者 | | | | 氏名 | | | | | |  | | | | | | | |
| 年　　月　　日  　下記のとおり一部負担金を支払いましたので、医療費の支給を申請します。  申請者氏名  (施術者記入欄) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 療養費に係る一部負担金額の証明 | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 年 | | | 1 社保　2 国保　3 後期 | | | | | | | 負担割合 | | | | | | | | | | | |  |
| 月分 | | | 1割　　2割　　3割 | | | | | | | | | | | |
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| 療養費の総額 | | | | | | | | | | 円 | | | | | | | | | | | |
| 一部負担金額(本人負担額) | | | | | | | | | | 円 | | | | | | | | | | | |
| 施術日数 | | | | | | | | | | 日 | | | | | | | | | | | |
| 証明年月日　　　　年　　月　　日  施術者の資格  住所及び氏名 | | | | | | | | | | | | | | | | | | | | | | | |
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| 町事務処理欄 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 本人負担額 | | 高額療養費 | | | 付加給付額 | | 対象一部  負担金額 | | | | | 控除額 | | | 支給決定額 | | | 重心・ひとり親の重複の有無 | | | 備考 | | |  |
|  | |  | | |  | |  | | | | |  | | |  | | | 有・無 | | |  | | |
| 受付年月日 | | | 年　　月　　日 | | | | | 決裁 |  | | | |  |  | | |  | |  |  | |  | |
| 決裁年月日 | | | 年　　月　　日 | | | | |
| 支給年月日 | | | 年　　月　　日 | | | | |
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様式第5号（第6条関係）