**様式第２５号（第５０条関係）**

|  |  |  |
| --- | --- | --- |
| **国民健康保険高額療養費支給申請書兼請求書** | | **番号** |
| **様** | | **年　　月　　日** |
| **診療分を下記のとおり申請します。** | **申請者（世帯主）**  **・個人番号**  **・住　　所**  **・氏　　名**  **・電　　話** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1)** | **被保険者証記号・番号** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(2)** | **被保険者の個人番号** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(3)** | **氏名** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(4)** | **生年月日** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(5)** | **一般・退職の区分** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(6)** | **世帯主（組合員）との続き柄** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(7)** | **傷病名** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(8)** | **発症又は負傷の理由** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(9)** | **病院等の名称**  **及び所在地** | **名称** |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **所在地** |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(10)** | **医療費・療養費等の区分** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(11)** | **入院・外来の区分** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(12)** | **(9)の病院等で療養**  **を受けた期間** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(13)** | **病院等で支払った金額** | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| **(14)** | **今回申請の診療年月以前**  **１年間に高額療養費の支給**  **を３回以上受けたときは**  **その直近の診療年月** | |  | | | | | | | | | | | | | | | | | | | | | | | | **(15) 課税区分**  **（世帯全体）** | | | | | |  | | | | | | **(16) 課税区分**  **（70歳以上）** | | | | | |  | | | | | |

**（※）**

|  |  |
| --- | --- |
| **国保世帯支給額** |  |
| **既支給決定額** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **支給決定額** |  | **―** | **調整額等（合計）** |  | **＝** | **世帯差引支給額** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **支　　　払　　　方　　　法** | | | | | | | |
|  | |  | | | | | |
| **支払場所** |  | **振　込　先** | **金融機関** | **金融機関コード** | **金融機関名** | | |
| **店番号** | **店名** | | |
| **支払期間** |  | **口座種目** |  | | **口座番号** |  |
| **口座名義人**  **（カナ）** |  | | | |
| **（世帯主と預金名義人が違う場合は、この欄に署名してください。）**  **上記名義人口座への振り込みを了承します。**  **世帯主氏名** | | | | | | | |