**様式第２８号の３（第５１条の２関係）**

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**国民健康保険高額療養費（外来年間合算）支給決定通知書**

**先に申請のありました高額療養費（外来年間合算）支給について、下記のとおり決定しましたので通知します。**

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| **被保険者氏名** |  | **被保険者証記号** |  | **被保険者（証）番号** |  |

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| **計算対象期間** | **～** | | |
| **申請年月日** |  | **決定年月日** |  |
| **計算対象期間中の**  **自己負担額の合計額** |  | **支給額** |  |
| **給付の種類** |  | | |
| **不支給の理由** |  | | |
| **備考** |  | | |

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| **支払方法** | | | | | | | | | | | |
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| **お持ちいただくもの** |  | **振込先** | **金融機関** |  | | | | | | | |
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| **口座種目** |  | | | | | | | |
| **支払場所** |  | **口座番号** |  |  |  |  |  |  |  |  |
| **支払期間** |  | **口座名義人** |  | | | | | | | |

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| **問合せ先**  **〒**  **電話番号** |