様式第８号（第９条関係）

国民健康保険高額療養費支給申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 被保険者  記号・番号 | | | 姶国　・ | | | | | | | | | | | | | | 診療月 | | | | 年  月 | | | | | | | | | | | | 資格区分 | | | | | □　一般　　□　高齢  □　退職 | | | | | | | | | |
| 療養者氏名 | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 個人番号 | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  |  |  |  | |  | |  |  | |  |  |  |  |
| 生年月日 | | | 年　　　月　　　日 | | | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | |
| 医療  機関等 | 名　称 | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 所在地 | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 診療日 | | | 日　～　　　　　日 | | | | | | | | | | | | | | 日　～　　　　　日 | | | | | | | | | | | | | | | | 日　～　　　　　日 | | | | | | | | | | | | | | |
| 傷病名 | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 入院・外来 | | | 入院 ・ 外来 | | | | | | | | | | | | | | 入院 ・ 外来 | | | | | | | | | | | | | | | | 入院 ・ 外来 | | | | | | | | | | | | | | |
| 本人負担額 | | | 円 | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | |
| 上記について、高額療養費の支給申請をします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 交通事故等の第三者行為 | | | | | | | | | | | | 有　・　無 | | | | | | | |
| 受領について、 | | | □　振込（下記口座）  □　窓口払い | | | | | | | | | | | を依頼します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号　（　　　　　　　）　　　　　　―  　　　　　　　　年　　　月　　　日  住所  申請人（世帯主）　氏　　名　　　　　　　　　　　　　　　　　　　　　　　　　㊞   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   個人番号  　　　姶良市長　　　　　　　殿 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 振込先口座 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金　融　機　関 | | □　鹿児島銀行 | | | | | | | | | | □　鹿児島信用金庫 | | | | | | | | | | | | 支　　　店  支　所　等 | | | | | | |  | | | | | | | | | | | | □　支店  □　支所  □　出張所 | | | | |
| □　南日本銀行 | | | | | | | | | | □　鹿児島興業信用組合 | | | | | | | | | | | |
| □　あいら農業協同組合 | | | | | | | | | | □　鹿児島相互信用金庫 | | | | | | | | | | | |
| □　ゆうちょ銀行 | | | | | | | | | | □（　　　　　　　　　　） | | | | | | | | | | | |
| 預　金　種　目 | | 普通　・　　貯蓄 | | | | | | | | | | | | | | フ　リ　ガ　ナ | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 口　座　番　号 | |  | | | | | | | | | | | | | | 預金名義人 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |

※申請人と預金名義人が違う場合、委任状が必要です。

保険者記入欄

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| --- | --- | --- | --- | --- | --- | --- |
| 所　得  区　分 | □　非課税世帯  　(低Ⅰ・低Ⅱ)  □　一般世帯  □　上位所得世帯 | 該当回数 |  | 収納状況 | □　滞納なし  □　滞納あり  　・分納履行中  　・誓約履行中  　・特別事情有り | この申請に係る世帯の世帯主及び被保険者全員に対する高額療養費の所得区分、国民健康保険税の収納状況を確認しました。  確認者　　　　　　　　　・公簿 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 本人負担額 | － | 自己負担限度額 | ＝ | 支給額 |
| 円 | 円 | 円 |

上記の申請について、（　支給・却下　）してもよろしいか。

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 決裁欄 | | | | | 起案年月日 | 決裁年月日 | 支給年月日 |
| 課　　長 | 参　　事 | 課長補佐 | 係　　長 | 係 |  |  |  |
|  |  |  |  |  |