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| 国民健康保険　高額療養費　支給申請書 | | | | | | | | | | | | | | | | |
| 保険証番号 | | | 世帯主氏名 | | | | 診療年月 | | | 課税区分 | | | | 所得区分 | | |
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| 診療を受けた  被保険者氏名 | 生年月日 | | | | 性別 | 医療機関名 | | | | | 入外 | | 日数 | | | 総医療費 |
| 個人番号 | | | | | 患者負担額 |
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| 送　金　指　定　口　座　　※訂正がある場合は朱書きしてください | | | | | | | | | | | | | | | | |
|  | | 銀行  信用金庫  農協  信組 | |  | | | | 支店 | 種目 | | | 口座名義人 | | | | |
| 1.普通(総合)2.当座 | | | ﾌﾘｶﾞﾅ | | |  | |
| 口座番号 | | |
|  | | | 氏名 | | |  | |
| 上記のとおり申請します。　　　　　　　　　　　　　　　　　　　　　　　令和　　　年　　　月　　　日  深浦町長　　殿   |  |  |  |  | | --- | --- | --- | --- | | 住　　所 |  | 深浦町大字 | | | 申請者氏名（世帯主） |  |  | | 電話番号 |  | （　　　　）　　　－ | | 個人番号 |  |  | | | | | | | | | | | | | | | | | |