

親(乳)子(青) 医療助成費支給申請書 (柔道整復師用)

都道府県番号 13 施術機関コード

保険者番号

記号・番号

Table with columns for public fee burdener number (公費負担者番号) and public fee burdener medical provider number (公費負担医療の受給者番号).

Table with columns for insurance type (保険種別) and other classification codes.

Table with columns for insured person name (被保険者氏名), family member name (世帯主・組合員の受給者氏名), and residence (住所).

Table with columns for recipient name (療養を受けた者の氏名), birth date (生年月日), and injury cause (負傷の原因).

Table with columns for injury name (負傷名), injury date (負傷年月日), initial check date (初検年月日), surgery start date (施術開始年月日), surgery end date (施術終了年月日), actual days (実日数), and transfer status (転帰).

Table with columns for process (経過) and request classification (請求区分).

Table with columns for surgery days (施術日) from 1 to 31.

Table with columns for initial check fee (初検料), consultation support fee (初検時相談支援料), travel fee (往療料), metal prostheses (金属副子等加算), surgery information (施術情報提供料), and detailed book fee (明細書発行体制加算).

Table with columns for adjustment fee (整復料・固定料・施療料) and other charges.

Table with columns for reduction rate (部位通減%), reduction start date (通減開始月日), and reduction fee (後療料).

Table with columns for reduction rate (1) and (2).

Table with columns for reduction rate (3) and (4).

Table with columns for reduction rate (1) and (2).

Table with columns for reduction rate (1) and (2).

Table with columns for reduction rate (1) and (2).

Table with columns for summary (摘要) and total amount (合計).

Table with columns for partial burden amount (一部負担金).

Table with columns for request amount (請求金額).

Table with columns for partial burden amount (一部負担金相当額) and request amount (請求金額).

Table with columns for metal prostheses (金属副子等) and adjustment fee (整復料).

Table with columns for detailed book fee (明細書発行体制加算).

Table with columns for payment method (支払区分) and financial institution (金融機関).

Table with columns for registration number (登録記号番号).

Table with columns for date (年月日) and residence (住所).

Table with columns for recipient name (被保険者世帯主・組合員受給者氏名).

Table with columns for recipient name (被保険者世帯主・組合員受給者氏名).

Table with columns for recipient name (被保険者世帯主・組合員受給者氏名).

備考 この用紙は、A列4番とすること。