様式第6号（第4条、第14条関係）

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| 重度心身障害者等医療費　助成申請書 | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | |
| 富山県南砺市長 | | | | | | | | | | | | | | | | | | | |
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| 申請者 | | | | | | | | | | | 住所 | | |  | | | | | |
|  | | | | | | | | | | | 氏名 | | |  | | | | | |
|  | | | | | | | | | | | 電話 | | |  | | | | | |
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| 次のとおり医療費の助成給付を受けたいので請求します。 | | | | | | | | | | | | | | | | | | | |
| 受診者 | 受給者番号 | | | | |  | | | | | | | | | | | | | |
| 住所 | | | | |  | | | | | | | | | | | | | |
| 氏名 | | | | |  | | | | | | | | | | | | | |
| 生年月日 | | | | |  | | | | | | 電話番号 | | | | |  | | |
| 加入保険 | 名称 | | | | |  | | | | | | | | | | | | | |
| 保険者番号 | | | | |  | | | 保険種別 | | |  | | | | | | | |
| 被保険者氏名 | | | | |  | | | | | | | | | | | | | |
| 記号 | | | | |  | | | | | | 番号 | | | | |  | | |
| 振込先 | 銀行コード | | | | |  | | | | | | 支店コード | | | | |  | | |
|  |  | |  |  |  |  | | |  |
| 口座種別 | | | | |  | 口座番号 | | |  | | | | | 口座名義人 | | |  | |
| 区分 | | | 診療  年月 | | | 日数  （回数） | | 点数  （金額） | | | 他法負担点数 | | | | 医療費請求額 | | | | 高額療養費 |
| 請求 | 入院 | |  | | | 日 | | 点 | | | 点 | | | | 円 | | | | 円 |
| 入院外 | |  | | |  | |  | | |  | | | |  | | | |  |