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| **療養費支給申請書**（　　年　　月分）（はり・きゅう用） |
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| 保険者番号 | | | | | | | |
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| 被保険者欄 | ○公費負担者番号 | | | | | | | | | | | | | 〇公費負担医療の受給者番号 | | | | | | | | | | | | | ○発病又は負傷年月日 | | | | | | | | | | | | | | | ○傷病名 | | | | | | | | | |
| 1 | 9 | | 2 | 8 | | 6 | 0 | | 1 | | | 2 |  | |  |  | | |  |  | |  |  |  | | 年　　　月　　　日 | | | | | | | | | | | | | | |  | | | | | | | | | |
| 療養を  受けた者  の氏名 | | | | | | | | （ﾌﾘｶﾞﾅ） | | | | | | | | | | | | | | | | | | | | | 続　柄 | | | | ○発症又は負傷の原因及びその経過 | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | 男・女 | | | |  | | | |  | | | | | | | | | | | | | | | | | |
| ○業務上・外、第三者行為の有無 | | | | | | | | | | | | | | | | | |
| 明・大・昭・平・令　　年　　月　　日生 | | | | | | | | | | | | | | | | | | | | | １．業務上　２．第三者行為である　３．その他 | | | | | | | | | | | | | | | | | |
| 施術内容欄 | 初療年月日 | | | | | | | | | | | | | | | | | | 施術期間 | | | | | | | | | | | | | | | | | | | | | | | | | 実日数 | | | | | 請求区分 | | |
| （　　） 　年　　月　　日 | | | | | | | | | | | | | | | | | | 自・令和　　　　年　　月　　日～至・令和　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | 日 | | | | | 新規・継続 | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 傷病名 | 1.神経痛 | 2.リウマチ | 3.頸腕症候群 | 4.五十肩 | |  | 5.腰痛症 | 6.頸椎捻挫後遺症 | 7.その他（ | ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 転帰 | | |
| 継続・治癒・中止・転医 | | |
| 初　検　料  １はり　２きゅう　３はりきゅう併用 | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | 摘　　　　要  一部負担金　　　　０　円  (負担割合)１割・２割・３割  請求額　　　　　　　　円 | | |
| 施　術　料 | | はり | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 円× | | | | |  | | 回＝ | | |  | | | | | 円 | |
| きゅう | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 円× | | | | |  | | 回＝ | | |  | | | | | 円 | |
| はり・きゅう併用 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 円× | | | | |  | | 回＝ | | |  | | | | | 円 | |
| 電療料  １電気針 ２電気温灸器 ３電気光線器具 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 円× | | | | |  | | 回＝ | | |  | | | | | 円 | |
| 往療料 | | | | | | | | | | | | | | | | | ４kmまで | | | | | | | | |  | | | | | 円× | | | | |  | | 回＝ | | |  | | | | | 円 | |
| 往療料 | | | | | | | | | | | | | | | | | ４km超 | | | | | | | | |  | | | | | 円× | | | | |  | | 回＝ | | |  | | | | | 円 | |
| 施術報告書交付料（前回支給：　　年　月分） | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 円× | | | | |  | | 回＝ | | |  | | | | | 円 | |
| 費用額計 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | 円 | |
| 施術日  通院○  往療◎ | | | | | 月 | | | | | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術証明欄 | 上記のとおり施術を行い、その費用を領収しました。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保健所登録区分 | | | | | | | | | 1.施術所所在地　 2.出張専門施術者住所地 | | | | | | | | | |
| 令和　　　年　　　月　　　日  は り 師  免許登録番号  きゅう師  免許登録番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 住　所  氏　名　　　　　　　　　　　　　　電　話 | | | | | | | | | | | | | | | | | | |
| 申請欄 | 上記の療養に要した費用に関して、療養費の支給を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　　年　　　月　　　日  兵庫県知事　　　　殿 | | | | | | | | | | | | | | | | | | | | | | | | | | | 申請者  （被保険者） | | | | | | | 〒　　 －  住　所  氏　名　　　　　　　　　　　　電　話 | | | | | | | | | | | | | | | | |
| 支払機関欄 | 支払区分  1.　振込 2.　銀行送金  3.　郵便局送金 4.　当地払 | | | | | | | | | | | | | | | | | | | | | 預金の種類  1.　普通 2.　当座  3.　通知 4.　別段 | | | | | | | | | | | | | | 金融機関名 銀行 本店  金庫 支店  農協 出張所 | | | | | | | | | | | | | | | |
| 口座名義  カタカナで記入 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 口座番号 | | | | | | |  | |  | |  |  | |  | | |  | |  |  | 郵便局 | |
| 同意記録 | 同意医師の氏名 | | | | | | | | | | | | | | 住所 | | | | | | | | | | | | | | | | 同意年月日 | | | | | | | | | | | | | | 傷病名 | | | | | | 要加療期間 |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 令和　　年　　月　　日 | | | | | | | | | | | | | |  | | | | | |  |

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| 本申請書に基づく給付金に関する受領を代理人に委任します。　　　　令和　　年　　月　　日  申請者　　　　住所  （被保険者）　　氏名  　　　　　　　　　　　　　　　　　　　　　　　　　　住所  代理人　　　　氏名 |

※　給付金に関する受領を代理人に委任する（申請者名義以外の口座に振込を希望される）場合に記入してください。