

療養費支給申請書 (年 月分) (あんま・マッサージ用)

機関コード

Header information table including public fee payer/receiver numbers, district numbers, and insurance numbers.

Table for insured person details: name, sex, date of birth, medical condition, and treatment location.

Table for treatment period: start date, end date, actual days, and request type (new/continued).

Main treatment details table with columns for massage types, body parts, and charges. Includes a calendar for treatment dates.

Table for treatment proof: date, location, manager name, and contact information.

Table for application: date, applicant name, and address.

Table for payment details: payment method, bank name, and branch information.

Table for consent: doctor name, address, date, and injury details.

Final declaration table: statement of payment receipt, date, and agent information.

※ この給付金の受領の代理人への委任は、受領委任の取扱規程 (平成30年6月12日保発0612第2号通知) に従い行われるものです。