

療養費支給申請書( 年 月分)(はり・きゅう用)

機関コード

Header information table including public payer number, recipient number, district number, and insurance number.

Table for insured person details, including name, sex, date of birth, and medical history.

Main treatment content table with columns for dates, procedures, and charges.

Calendar grid for recording treatment dates from month 1 to 31.

Table for treatment site information, including address and contact details.

Table for applicant information, including name, address, and phone number.

Table for payment details, including bank name and account information.

Table for consent information, including doctor's name and date.

Summary table for the application, including applicant and agent details.

※ 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。