

後期高齢者医療療養費支給申請書

施術機関コード

1. はり・きゅう

年 月分

Insurance information table with fields for insurance number and insured person ID.

Table for selecting insurance type (e.g., National, Single, etc.) and age category (e.g., High 1, High 7, etc.).

個人番号

Table for recipient information including name, sex, date of birth, and cause of illness.

Main treatment details table with columns for start date, period, actual days, and content of treatment.

Application section for the fee, including date and address.

Payment information section including branch, account type, and bank details.

Agent information section including address and name.

Authorization section for the practitioner, including name, address, and registration details.

Consent section for the attending physician, including name, address, and date of consent.

記入上の注意
1. 施術内容欄の傷病名、初回の施術内容については、該当する項目を○で囲んでください
2. 「摘要」欄は往療を必要とした理由、施術に関する特記事項等を記入して下さい。