養　育　医　療　給　付　台　帳

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| コード番号 | | | 制度別  番　号 | | 都道府  県番号 | | 実施機関  番　　号 | | | ※ | 受給者番号 | | | | | | | ※ | 保険者番号 | | | | | | | 医療機関番号 | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  | | |  | |  |  | |  |  |  |  |
| 受療者 | 氏　　名 | |  | | | | | | | | 申請者 | | 氏　　名 | | | |  | | | | | 受療者と  の続柄 | | |  | | 所得階層区分 | | | （　　　　 　円） | | | | | | | |
| 生年月日 | |  | | | | | | | | 生年月日 | | | |  | | | | | | | | | |
| 住　　所 | |  | | | | | | | | 住　　所 | | | |  | | | | | | | | | |
| 出生児体重 | |  | | | | | | | | 連絡先 | | | |  | | | | | | | | | |
| 医療券交付年月日等 | 医療券交付年月日 | |  | | | | | | | | 保険  種別 | | 保険区分 | | | |  | | | | | | | | | | | 指定養育  医療機関 | | | | |  | | | | |
| 保険者の  名　　称 | | | |  | | | | | | | | | | |
| 医 療 券  有効期間 | |  | | | | | | | |
| 保 険 者  番　　号 | | | |  | | | | | | | | | | |
| 診　　療  予定期間 | |  | | | | | | | |
| 被保険者等記号・番号 | | | |  | | | | | | | | | | |
| 請　求　月 | | 診　療　月 | | 診療  実日数 | | | 総医療費① | | | 医療保険  負担額② | | | | 公費負担額  ①－②＝③ | | | | 移送費等 | | | 自己負担額 | | | | レセプト区分 | | | | | | | | 備　　　考 | | | | |
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（注） コード番号欄の※は、検証番号