

療養費支給申請書 (年 月分) (はり・きゅう用)

(別紙2)

機関コード

Header information table including payer/payee numbers, insurance numbers, and payment details.

Insured person information table including name, sex, birth date, and injury details.

Main treatment content table with columns for dates, periods, days, and various charges like initial fees, treatment fees, and transportation.

Treatment certificate table with fields for date, location, and manager details.

Application table with fields for date, applicant name, and address.

Payment method table with options for bank transfer, postal transfer, etc., and financial institution details.

Consent table with fields for doctor name, residence, date, and injury name.

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。 (Statement of authorization for payment receipt)

※ 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。 (Notes regarding the payment process and agent appointment)