ひとり親家庭等医療費請求書

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| 年　　　月　　　日  　　　　（宛先）江別市長 | | | | | | | | | | 医療機関コード | | | |  | | |  |
|
| 所在地及び名称  　　　　　　　　　　　　　　㊞  電　話　番　号 | | | | | | |
| 区分 | 保険  給付 | | | 件数 | | 診療報酬請求総点数  （レセプトの総点数）及び限度額等 | | 一部負担金 | 請求事務  手 数 料 | | 区分 | 件数 | 診療報酬請求総点数  （レセプトの総点数）及び限度額等 | | | 一部負担金 |
|
| 請　　　　求 | ７ 割 | | | 件 | | 点 |  | 円 | 円 | | ※決　　　　　定 | 件 | 点 | |  | 円 |
| ８ 割 | | |  | |  |  |  |  | |  |  | |  |  |  |
| 限度額 | | |  | | 円 |  |  |  | |  | 円 | |  |  |
|  | 長期高額 | |  | |  |  |  |  | |  |  | |  |  |
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　　　　　年　　月分下記のとおり請求する。

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| （内　　　訳　　　書） | | | | | | | | | | | | | | | | | | | | | | | | | | | （薬剤） |
| 診療  年月 | | 受給者番号 | | | | | | | 入院  外来  区分 | 診療報酬請求総点数（レセプトの総点数）及び限度額 | | | | | | | | 請求金額 | | | | | | | | 一　部負担金 | 備 考 |
| 保険給付 | | | | | | | |
| 患者氏名 | | | | | | | ７割 | | ８割 | | | 限度額 | | | 長期高額疾病 | | | 結核・精神 | | | | |
| 年 | 月 |  |  |  |  |  |  |  | 入・外 | 点 |  | 点 | |  | 円 | |  | 円 | |  | 結・精 | | | | | 初・課 |  |
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| 小　　　計 | | | | | | | | | 件数 | 件 | | 件 | | | 件 | | | 件 | | | 件 | | | | | 円 |  |
| 点数及び金額 | 点 |  | 点 |  | | 円 |  | | 円 |  | | 円 | | | | 件 |