

療養費支給申請書 (年 月分) (はり・きゆう用)

(別紙2)

機関コード

Header information table including payer/payee numbers, insurance numbers, and payment split 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 treatment fees.

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

Application table for requesting payment, including date and applicant details.

Payment method table with options for bank transfer, postal transfer, etc.

Consent table for the physician, including name and address.

Final declaration table where the applicant and agent confirm the application.

※ 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。