様式第11

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|  | | | | | | | | 国民健康保険食事療養標準負担額減額等認定申請書 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 被保険者証 | | 記号 |  | | | | | 番号 | | | |  | | | | | | | | | | | 連絡先 | | | | 電話(　　　)　　　― | | | | | | | | | | | | |
| 減額対象者 | | 氏名 |  | | | | | | | | | | | | | | | | | | | | 世帯主との続柄 | | | | | | | |  | | | | | | | | |
| 個人番号 |  |  | |  |  | |  |  |  | | |  | |  | |  |  |  | | |
| 区分 | | | | 一般　・　退本　・　退扶 | | | | | | | | | | | | |
| 生年月日 | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | |
| 長期入院 | | 該当　・　非該当 | | | | | | | | | | | | | 長期該当年月日 | | | | | | | | | | | | 年　　　月　　　日から | | | | | | | | | | | | |
| ① | 申請日の前1年間の入院期間(日数) | | | | | | | | | | | | | | 年　　月　　日から  年　　月　　日まで | | | | | | | | | | | | | | | | | | | 日間 | | | | | |
| 入院をした保険医療機関等 | | | | | | | | | | | | | | 名称 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | |  | | | | | | | | | | | | | | | | | |
| ② | 申請日の前1年間の入院期間(日数) | | | | | | | | | | | | | | 年　　月　　日から  年　　月　　日まで | | | | | | | | | | | | | | | | | | | 日間 | | | | | |
| 入院をした保険医療機関等 | | | | | | | | | | | | | | 名称 | | | | | | |  | | | | | | | | | | | | | | | | | |
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| ③ | 申請日の前1年間の入院期間(日数) | | | | | | | | | | | | | | 年　　月　　日から  年　　月　　日まで | | | | | | | | | | | | | | | | | | | 日間 | | | | | |
| 入院をした保険医療機関等 | | | | | | | | | | | | | | 名称 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 上記のとおり(食事療養標準負担額の減額・生活療養標準負担額の減額・高額療養費の支払に関する限度額の適用)の認定を申請します。  　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 世帯主の  住　所  氏　名  及び  個人番号 | | | | | | | | 鹿児島市 | | | | | | | | 丁目　　　番　　　　号  　　　　　　　　町　　　番地 | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 鹿児島市長　殿 | | | | |  | | | | 個人番号 | | | | | | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |
| ※該当の際は□にチェックをしてください  □　第三者行為(交通事故や傷害、犬咬み等)が原因の傷病に該当する | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 受付 | | 入力 | | | 認定証発行 | | | 保険証交付状況 | | | | | | 長期該当確認 | | | 照合 |
|  | |  | | |  | | | 完納 | | | 滞納 | | | レセ日数 | 前年度課税 | 領収書日数 |  |
| 日 |  | 日 |
| 適用区分 | (ア) | | (イ) | | | (ウ) | (エ) | | (オ) | | | 食事 | 認定証を受領しました。  （署名又は記名押印） | | | | |
| 現役Ⅰ | | | 現役Ⅱ | | | 低Ⅰ | | | 低Ⅱ | | |