様式第7号(第14条関係)

母子及び父子家庭等医療費助成金支給台帳(母子家庭・父子家庭・養育者家庭)

(　　　　　　年　　　　月申請分)

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| 受給者記号番号 | 氏名 | 入院・外来の別 | 診療年月 | 医療機関 | 対象医療費 | 自己負担金  ①　　　円 | 一部負担金  ②　　　円 | 附加給付額  ③　　　円 | 高額療養費  ④　　円 | 支給決定額  円  ①(②＋③＋④) | 備考 |
|  |  | 入・外 |  |  |  |  |  |  |  |  |  |
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(注)母子家庭、父子家庭、養育者家庭別、申請月別に記入すること