様式第43号（第31条関係）

更生医療受給者台帳

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| 自立支援医療費受給者番号 | | | | | | | 氏名 | | 生年月日 | | 医療機関名 | | 給付内容 |
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| 世帯区分 | | | | ＡＢＣＤ | | | 医療費概算額 | | | 自己負担額（入院） | | | 有効期間 |
| 世帯における地位 | | | | (１)　世帯主  (２)　最多収入者  (３)　その他 | | | 円 | | | 円 | | | ・ ・ ～ ・ ・ |
| 社・国 | 本・家 | 月 | 入・外 | 総医療費 | | | 保険者負担分 | 公費負担分 | | 自己負担分 | | 過誤調整 | 備考 |
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| 入院 | | | |  | | |  |  | |  | |  |  |
| 入院外 | | | |  | | |  |  | |  | |  |  |
| 合計 | | | |  | | |  |  | |  | |  |  |