様式第5号（第7条関係）

国民健康保険移送費支給申請書

　　　　年　　月　　日

丸亀市長　　　　宛

申請者（世帯主）　住所

氏名

　　　　　　　　　　　　　　　　　　電話番号　　　（　　　）

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| 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  |

次のとおり移送費の支給を申請します。

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| 被保険者記号・番号 | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
| 移送を受けた被保険者 | | 氏名 | |  | | | | | | | | | 個　人　番　号 | | | | | | | | | | | | | | | | |
|  |  | |  |  | |  | |  |  |  | |  | |  |  |  |
| 生年月日 | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯主 | | 氏名 | |  | | | | | | | | | | | | | | | | 被保険者との続柄 | | | | | |  | | | |
| 傷病名及び原因 | |  | | | | | | | 発病又は負傷年月日 | | | | | | 年　 月　 日 | | | | | | | | | | | | | | | |
| 移送費用額 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険医の意見 | | 発病又は負傷のため入院治療を必要と認めた理由 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 移送経路 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 移送方法 | | | |  | | | | | 移送年月日 | | | | | | | 年　 月　 日 | | | | | | | | | | | |
| 年　　月　　日  医療機関名  保険医氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | |  | | |  | | | | | | | | | | | | |  | | | | | |
| 付添人 | 氏名 |  | | | | | | | | 住所 | |  | | | | | | | | | | | | | | | | | |

（注）付添人とは医師及び看護師のことで、家族等が付き添っても付添人とはなりません。