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産住第 　　　　　　号

年　　月　　日

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産山村長

(公印省略)

乳幼児･子ども医療費等助成決定通知書

さきに申請のありました医療費等助成については、次のとおり決定しましたので通知します。

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| 決定額 |  |  |  | 拾 | 万 | 千 | 百 | 拾 | 円 |
| 支払予定日 |  | | | | | | | | |
| 支払方法 |  | | | | | | | | |
| 口座 |  | | | | | | | | |

支給対象医療費

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| 診療月 | 医療機関名 | 受診者氏名 | | 助成額 |
| 高額療養費 | 附加給付額 | 自己負担額 |
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| 高額療養費 | 附加給付額 | 自己負担額 |
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