様式第６号（第６条関係）

養育医療給付台帳

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受給者  番号 |  | |  | | |  |  | |  | |  |  | | | 公費負担者番号 | |  | |  |  | | |  |  | |  | | | |  |  |
| 受療者 | 氏名 | | |  | | | | | | | | | 性別（男・女） | | | | 生年月日 | | | |  | | | | | | | | | | |
| 住所 | | |  | | | | | | | | | | | | | 出生時体重 | | | |  | | | | 意見書所見 | | | |  | | |
| 保険者名 | | |  | | | | | | | | | | | | | 記号番号 | | | |  | | | | | | | | | | |
| 申請者 | 氏名 | | |  | | | | | | | | | 続柄（　　　） | | | | 階層区分 | | | |  | | | | 徴収月額 | | |  | | | |
| 住所 | | |  | | | | | | | | | | | | | 電話番号 | | | |  | | | | | | | | | | |
| 養育医療機関名称  及び所在地 | | | |  | | | | | | | | | | | | | 医療券交付年月日 | | | |  | | | | | | | | | | |
| 医療券有効期間 | | | |  | | | | | | | | | | |
| 診療予定期間 | | | |  | | | | | | | | | | |
| 請求月 | | 診療月 | | | 診療  実日数 | | | 決定点数  ① | | 医療保険等負担額　② | | | | 差引額  ①－②＝③ | | 移送費等  ④ | | その他  ⑤ | | | | 支弁額  ③＋④＋⑤＝⑥ | | | | | 備考 | | | | |
|  | |  | | |  | | |  | |  | | | |  | |  | |  | | | |  | | | | |
|  | |  | | |  | | |  | |  | | | |  | |  | |  | | | |  | | | | |
|  | |  | | |  | | |  | |  | | | |  | |  | |  | | | |  | | | | |
|  | |  | | |  | | |  | |  | | | |  | |  | |  | | | |  | | | | |
|  | |  | | |  | | |  | |  | | | |  | |  | |  | | | |  | | | | |
|  | |  | | |  | | |  | |  | | | |  | |  | |  | | | |  | | | | |
| 計 | |  | | |  | | |  | |  | | | |  | |  | |  | | | |  | | | | |