平成 年 月 日

新潟県国民健康保険団体連合会 御中

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 保険医療機関  所在地・名称  開設者  電話番号 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 下記の診療報酬明細書の | | | | | | | | | | | | | | １＝ 再審査 | | | | | | | | 願います。（該当項目を○で囲んで下さい。） | | | | | | | | | | | | | | | | | | | | | | | |
| ２＝ 取下げ | | | | | | | |
| １ |  | １＝医科 　６＝訪問  ３＝歯科 　７＝柔整  ４＝調剤 　８＝社単 | | | | | | | | | 医療機関  等コード | | | | | | |  | | |  | |  | | |  | |  | | |  | | |  | | 旧総合病院科　別 | | | | | | 科 | | | |
| ２ | 診療年月 | | | 年 月 | | | | | | | 請求年月 | | | | | 年 月 | | | | | | | | | 入外区分 | | | | | | | | 入院  外来 | | | | | 給付割合 | | | | | | 割 | |
| ３ | 明細書区分 | | | | 一般　・　70歳以上一般、低所得・上位・　6歳  退職（本人・扶養）　・　（　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | 後期高齢者 | | | | | | | | | | | | | |
| ４ |  | | | | | |  |  | |  | | |  |  |  | |  | | |  | |  | | | | | | | | | |  | | | | | | | | | | | | | |
| ５ | 公費負担者番号  （市町村番号） | | | | | |  |  | |  | | |  |  |  | |  | | |  | |  | | | | | | | | | |  | | |  | |  | |  |  | | |  | |  |
| ６ | フリガナ | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 性 別 | | | | |
| 患者氏名 | | | | |  | | | | | | | | | | | | 1 明治 2 大正  3 昭和 4 平成 | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | 1．男  2．女 | | | | |
| ７ | 請求点数（決定点数） | | | | | 点 | | | | | | | | | | | | 食事療養費 | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | |
| ８ | 再審査等  対象種別 | | | | | １一次審査 2 調剤審査　３再審査 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | 年 　 月 | | | | | | | |
| ９ |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 10 | № | | 減点点数(金額) | | | | | | 減点事由及び箇所 | | | | | | | | | | 減 点 内 容 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ① | | 点(円) | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ② | | 点(円) | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ③ | | 点(円) | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 請求理由 （必ずご記入ください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* 取下げの場合は、左端にある番号の１~７及び請求理由欄を必ずご記入ください。　　　H20年５月
* 再審査の場合は、該当箇所のすべてをご記入ください。