

後期高齢者医療療養費支給申請書

Main application form with fields for medical insurance code, prefecture number, insurance type, insured person details, treatment dates, and medical codes.

※金額は右詰で記載してください。

Financial summary table with columns for expenses, request amount, burden amount, and payment details.

※口座番号は右詰で記載してください。

※口座名義人はカタカナで上段より左詰で記載してください(濁点・半濁点は1字として、姓と名の間を1字空けてください)。

Payment information section including bank details, branch code, account number, and beneficiary name.

Declaration section with a signature line, address, and a checkbox for confirmation.

Authorization section with fields for the applicant, authorized person, and their names and addresses.