様式第2号(第11条関係)

後期高齢者医療はり・きゅう施術料請求明細書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 被保険者証記号・番号 | | | ２　世帯主 | 住所 | | | | | ３　施術を受けた者 | | 氏名 | |  | | | | | |
|  | | | | 氏名 | | | | | 生年月日 | | 年　月　日 | | | | 続柄 |  |
| 4　対症名 | | | | | | | | | 6  施術開始日 | | | | | | 年　　月　　日 | | | | |
| 施術月数 | | | | | | 月目 | | | | |
| 施術期間 | | | | | | 自　　年　　月　　日  至　　年　　月　　日 | | | | |
| 7　転帰 | | | | | | 治癒　継続　中止 | | | | |
| 施術担当者 | | | | | | | | | | |
| 5　受診日 | | | 1術初 | | 1術 | 2術初 | 2術 | 確認印 | 8住所  　指定番号  　氏名  (代表者氏名)  　名称  (法人名) | | | | | | | | | | |
| 1 | | ・ |  | |  |  |  |  |
| 2 | | ・ |  | |  |  |  |  |
| 3 | | ・ |  | |  |  |  |  |
| 4 | | ・ |  | |  |  |  |  |
| 9　請求内訳 | | | | | | | | | | |
| 5 | | ・ |  | |  |  |  |  |
| 区分 | | | | 回数 | | | 単価 | 施術料金 | | |
| 6 | | ・ |  | |  |  |  |  |
| 1術初回 | | | | 回 | | | 円 | 円 | | |
| 7 | | ・ |  | |  |  |  |  |
| 8 | | ・ |  | |  |  |  |  | 1術 | | | |  | | |  |  | | |
| 9 | | ・ |  | |  |  |  |  |
| 2術初回 | | | |  | | |  |  | | |
| 10 | | ・ |  | |  |  |  |  |
| 2術 | | | |  | | |  |  | | |
| 11 | | ・ |  | |  |  |  |  |
| 計 | | | |  | | |  |  | | |
| 12 | | ・ |  | |  |  |  |  |
| 10　請求金額  (施術料金の7割) | | | | | | | 円 | | | |
| 13 | | ・ |  | |  |  |  |  |
| 14 | | ・ |  | |  |  |  |  | 審査済印 | |  | | | | | | | | |
| 計 | | 初回 |  | |  |  |  |  |
| 一般 |  | |  |  |  |  |