第22号様式(第12条関係)

**国民健康保険移送費支給申請書(　　　　年　　　　月移送分)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 区分 | □一般　□退職本人　□退職家族 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記号番号 | 20　―　　　― | | | | | | | | | | | | | | | 生年月日 | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 移送を受けるまたは受けた被保険者 | | | | フリガナ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | |  | | |  | |
| 交通事故・傷害・労災による受診の場合はチェックしてください。⇒□交通事故　□第三者による傷害　□労災 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 移送前の医療機関(自宅を含む) | | | | | | | | | | | | | | | | 移送先の医療機関 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | |  | | | | | | | | | | | | | | 名称 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | |  | | | | | | | | | | | | | | 所在地 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 入院日 | | 年　　　月　　　日 | | | | | | | | | | | | | | 入院(移送)日 | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | |
| 転院日 | | 年　　　月　　　日 | | | | | | | | | | | | | | 費用額 | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | |
| 交通手段 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 付添人の氏名および住所 | | 氏名 | | | |  | | | | | | | | | | 住所 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | □移送を必要とする意見書　　□領収書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯主の振込口座 | 該当する□にチェックを入れてください | | | | | | | | | | | □ 公金受取口座を利用する（利用する場合は口座情報の記入は不要です）  　　　⇒マイナンバーカード（両面）の写しを同封してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ 振込口座を指定する（以下の口座情報をご記入ください） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※振込口座記入欄への記入とチェックが重複していた場合、振込口座記入欄に記入された口座に入金します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 銀行・信用金庫  信用組合・農協 | | | | | | | | | | | | | | | | | | | | | | 支店  店  出張所 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 銀行コード | | | | | |  | | | | |  |  | | | | |  | | | | | 支店コード | | | | | | | |  | | | | | | | |  | | | | | |  | | | |
| 口座名義  (カタカナで) | | | | | |  | | | | | | | | | | | | | | | | 口座番号  預金種別　普通 | | | | | | | |  | | | |  | | |  | | | |  |  | | |  | |  |
| 上記のとおり国民健康保険移送費として移送に要した費用に関する証拠書類を添えて申請します。  　なお、支給決定後、下記の支給金額を請求しますので、世帯主口座にお振り込みください。  　　　　　　　　年　　月　　日  　　　　　　　　住所  　　　世帯主  　　　　　　　　氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 世帯主個人番号 | | | | | |  |  | | | |  |  | | | |  | | |  | |  | | |  | | |  |  | | |  | | |  | | |  | | | | | | | | |
| 電話番号　　　　(　　　　　　)  　　　練馬区長殿 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 資格取得年月日 | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | 受付者名 | | | | |  | | | | | | | | | | | | | | | |
| 審査決定金額 | | | | |  | | | | | | | | | | | 支給決定金額 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

※(注意事項)　申請の際は、医師または歯科医師記入の移送を必要とする意見書、利用した交通機関の領収書の提出が必要です。