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|  | |  |  | |  | | | | | | | | |  | | | | | | (施行規則第27条の７の様式) | | | | | | | | | | | | | | | | |
|  | |  |  | |  | | | | | | | | |  |  | | | | | 事務長 | | | | | 確　認 | | | | | 担　当 | | | | | | |
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| 特定疾病療養受療証交付申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (准)組合員記入欄 | 記号番号 | | | 医　　 　－ | | | | | | | | | | (准)組合員  氏　　　　　名 | | |  | | | | | | | | | | | | | | | | | | | |
| (准)組合員  個　人　番　号 | | |  | |  | |  |  |  | | |  |  |  |  | | |  |  | |  |
| (准)組合員  と　の　続　柄 | | |  | | | | | | | | | | 認定対象者  氏　　　　　名 | | |  | | | | | | | | | | | | | | | | | | | |
| 認定対象者  個　人　番　号 | | |  | |  | |  |  |  | | |  |  |  |  | | |  |  | |  |
| 認定対象者  の生年月日 | | |  | | 昭・平　　年　　月　　日 | | | | | | | | | |  | 年　齢 | | | | | | | 歳 | | | | | | | | | | | | |
| 認定対象者  の住所 | | | 〒　　　　　－ | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 主治医記入欄 | 疾病名 | | | １　人工透析治療を実施している慢性腎不全 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ２　血友病 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ３　その他（　　　　　　　　　　　 　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療開始日 | | | 昭和 ・ 平成 ・ 令和 | | | | | | | 年　　　　　月　　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所見 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　　年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 保険医療機関の | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 所在地及び名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 医師氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | 上記のとおり前年分所得確認書類を添えて申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 京都府医師国民健康保険組合理事長様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | (准)組合員氏名 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| 組合記入欄 | 交付年月日 | | |  | | | | | | | | | ＊備考 | | | | | | | | | | | | | | | | | | | | | | | |
| 発効年月日 | | |  | | | | | | | | |
| 回収年月日 | | |  | | | | | | | | |
| 旧但し書き所得 | | | 円 | | | | | | | | |
| 区分 | | | 上位所得　　・　　一般所得 | | | | | | | | |