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| **療養費支給申請書**（　　年　　月分）（あんま・マッサージ用） |
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| 被保険者欄 | | ○被保険者等の記号・番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | ○発病又は負傷年月日 | | | | | | | | | | | | | | | | | | | | | | | | | ○傷病名（医師の同意を受けた傷病名） | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | － | | |  | | |  | | | |  | |  | | | |  | | | | 年　 　月　 　日 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術を  受けた者  の氏名 | | | | | | （ﾌﾘｶﾞﾅ） | | | | | | | | | | | | | | | | | | | | | | | | | | 続　柄 | | | | | | | | | ○発症又は負傷の原因及びその経過 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | 男・女 | | 1.本人  2.配偶者  3.子  4.その他( ) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ○業務上・外、第三者行為の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日生 | | | | | | | | | | | | | | | | | | | | | | | | | | １．業務上　２．第三者行為である　３．その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １．給付金の受領は事業主に委任します。ただし、任意継続被保険者は健保組合に提出されている銀行口座へ振込します。  ２．本療養費の支給に際し、審査上必要な事項を確認するため、医療機関等へ照会し情報提供を受けることがあります。  以上の内容に同意し、療養費を請求します。　　　　　　　　　※同意できない場合は、健康保険組合までご連絡ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日  Ｊ－オイルミルズ健康保険組合理事長　殿 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 被保険者  （請求者） | | | | | | | | | 〒　　　－  住　所  氏　名  電　話 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術内容欄 | | 初療年月日 | | | | | | | | | | | | | | | | 施術期間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 実日数 | | | | | | | | | | 請　　 求 　　区　　分 | | | | | | | | | | | |
| 年　　月　　日 | | | | | | | | | | | | | | | | 自・令和　　年　　月　　日～至・令和　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 日 | | | | | | | | | | 新　規　　・　　継　続 | | | | | | | | | | | |
| 傷病名及び症状 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 転　　　　　　　　　帰 | | | | | | | | | | | |
| 継続・治癒・中止・転医 | | | | | | | | | | | |
| マッサージ（施術料） | | | | | | | | | | | | | | | | | | | | | | | | | | 同意部位 | | | | | | | (躯幹) | | | | | | | (右上肢) | | | | | | | (左上肢) | | | | | | | | | (右下肢) | | | | | | (左下肢) | | | | | 摘　　　要 | | | | | | | | | | | |
| 施術回数 | | | | | | | 回 | | | | | | | 回 | | | | | | | 回 | | | | | | | | | 回 | | | | | | 回 | | | | |
| 施  　術  　料 | |  | | 通所 | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 訪問施術料　１ | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 訪問施術料　２ | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 訪問施術料　３　（3人～9人） | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 訪問施術料　３　（10人以上） | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 温　罨　法（加 算） | | | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 温罨法・電機光線器具（加 算） | | | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 変形徒手矯正術（加算）  ※温罨法との併用は不可 | | | | | | | | | | | | | | | | | | | | | | | | 同意部位 | | | | | | | | | | (右上肢) | | | | | | | (左上肢) | | | | | | | | (右下肢) | | | | | | | | | | (左下肢) | | | | | |
| 施術回数 | | | | | | | | | | 回 | | | | | | | 回 | | | | | | | | 回 | | | | | | | | | | 回 | | | | | |
| 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特別地域（加算） | | | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 往　療　料 | | | | | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術報告書交付料（前回支給：　　年　月分） | | | | | | | | | | | | | | | | | | | | | | | | | | 円×　　　　　　回＝　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 合　　　　　　　計 | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術日 訪問1①  通所○ 訪問2②  往療◎ 訪問3③ | | | | | | | | | 月 | 1 1 | | 2 | | | 3 3 | | 4 4 | | 5 5 | | 6 6 | | 7 7 | | 8 8 | | | | 9 9 | | 10 | | | 11 | | | 12 | | 13 | | | 14 | | | 15 | 16 | | | 17 | | | 18 | | | 19 | | | | 20 | 21 | | | | 22 | 23 | 24 | | | 25 | | 26 | 27 | | 28 | 29 | | 30 | 31 | |
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| 〇往療又は訪問の理由（1.独歩による公共交通機関を使っての外出困難　2.認知症や視覚、内部、精神障害などにより独歩による外出困難　3.その他（　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術証明欄 | | 上記のとおり施術を行い、その費用を領収しました。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保健所登録区分 | | | | | | | | | | | | | | | | 1.施術所所在地　　 2.出張専門施術者住所地 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日    はり師免許登録番号    きゅう師免許登録番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術所名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施術管理者名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同意記録 | | 同意医師の氏名 | | | | | | | | | | | | 住所 | | | | | | | | | | | | | | 同意年月日 | | | | | | | | | | | | | | | | | | | | | 傷病名 | | | | | | | | | | | | | | | | | | | | 要加療期間 | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 支払機関欄 | | 預金の種類  1.　普通 2.　当座  3.　通知 4.　別段 | | | | | | | | | | | | | | | | | | | | | 金融機関名 銀行 本店  金庫 支店  農協 出張所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義  カタカナで記入 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 口座番号 | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | |

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| ＜記入にあたっての注意事項＞   * 申請書は暦月を単位として作成してください。 * 二重線内（「施術内容欄」および「施術証明欄」）は、施術管理者へ記入を依頼してください。 * 「支払機関欄」は、退職後の申請で任意継続被保険者ではない場合にご記入ください。 * 「同意記録」は、同意書の原本を添付する場合、記入の必要はありません。ただし、前月分以前の申請書に同意書の原本を添付し、   当該同意書に基づく支給可能期間内の場合は、当該同意書に係る内容を「同意記録」に記入してください。  **※当該申請書を提出の際には、施術に要した費用の領収書（原本）を必ず添付してください。**  ＜その他添付書類（該当する場合）＞  □医師の同意書（原本）　　　□施術報告書（写し）　　　□往療状況確認表　　　□１年以上・月16回以上施術継続理由・状態記入書 |

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