

年 月分 豊田市国民健康保険高額療養費支給申請書

Solicitação de Reembolso de Despesas Médicas Elevadas do Seguro Nacional de Saúde de Toyota

Exmo.Sr. Prefeito de Toyota 豊田市長様

Solicito o reembolso de despesas médicas elevadas conforme a Lei do Seguro Nacional de Saúde artigo 27-16 parágrafo 1.

国民健康保険法施行規則第27条の1第1項の規定に基づき、高額療養費の支給を申請します。

Data de Solicitação (A/M/D) 申請年月日 年 月 日

Form containing personal and banking information. Fields include: Insured person number, address (Toyota-shi), name, telephone, My Number, bank name, agency name, account type, and branch. Includes checkboxes for depositing to My Number and medical payment status.

Table for medical institution and patient info. Columns: Patient name, Birth date, District, Hospital/Outpatient, Medical institution name, Partial payment amount, Care period, Personal ID.

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※ Caso a conta bancária não seja do Chefe de Família, preencher a procuração abaixo: 世帯主以外の口座振り込みを希望される場合は、下記の受領委任状を記入してください。

Procuração (Power of Attorney) form. Includes fields for authorizer, authorized person, address, and name. Includes a stamp area.

* Atenção 記入上の注意

- 1 Preencher somente os campos dos quadros em negrito. 太枠の中のみ記入してください。
2 Preencher um formulário para cada mês. この申請書は毎月ごとに提出ください。
3 Caso o próprio Outorgante tenha preenchido a Procuração não é necessário carimbar. 受領委任状の委任社員印は署名の場合は不要です。

Form for processing status. Fields include: Person type (In-person/Proxy), Confirmation points (1: Exempt/Individual/Residence/Other, 2: Other).

Table for payment amounts. Columns: Partial payment total, High medical care fee payment amount, Currency (円).

Form for administrative details. Fields include: District, Return frequency, Age, Status, Simplification options, and Payment recipient.

申請には該当の領収書(原本)の添付が必要です。ただし、生年月日の後ろに*がある方は領収書を省略できます。