

記入例

コルセット装着

被保険者療養費支給申請書

(第 1 回目)

Application form for medical care fee payment (with corset). Includes fields for patient info, injury details (knee injury), hospital info, and a stamp.

Vertical text on the right side of the first form, providing instructions and notes regarding the application process.

領収(診療)明細書

Table detailing medical services received, including dates, times, and costs. Includes a summary section at the bottom with a stamp.

受付日付印 (Stamp indicating the date of receipt)

保険証不携帯

被保険者療養費支給申請書

(第 1 回目)

Application form for medical care fee payment (without insurance card). Includes fields for patient info, injury details (flu), hospital info, and a stamp.

Vertical text on the right side of the second form, providing instructions and notes regarding the application process.

領収(診療)明細書

Table detailing medical services received, including dates, times, and costs. Includes a summary section at the bottom with a stamp.

受付日付印 (Stamp indicating the date of receipt)