

被保険者療養費支給申請書 (第 回目)

Main application form with multiple rows for patient details, medical history, treatment, and payment information.

Vertical text on the right side providing instructions and notes regarding the application process and required documents.

領収(診療)明細書 (月 日から 月 日までの分)

Detailed receipt table with columns for patient name, medical services, dates, and costs.

受付日付印 (Received Date Stamp)