第6号様式(第10条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 重度障害者医療費助成資格変更・喪失届出書  年　　月　　日  （宛先）  秦野市長  住所  氏名  電話　　　　　（　　　　　）  重度障害者医療費助成資格の変更・喪失が生じたので、届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 対象者 | 氏名 | |  | | | | | | | | | | | | | 受給者番号 | | | | | | | | 第　　　　　　　　号 | | | | | | | | | | | | | | |
| 個人番号 | |  | |  | |  | |  | | － | |  | |  | | |  | |  | | － | | | |  | |  | | | |  | | | |  | |
| 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 変更喪失理由 | | | | | | | | 変更前 | | | | | | | | | | | | | 変更後 | | | | | | | | | | | | | | | | | |
| * 受給者に関する事項   （氏名・住所） | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| * 保険者の変更 | | | | | | | | 国保・社保(本人・家族)・後期 | | | | | | | | | | | | | 国保・社保(本人・家族)・後期 | | | | | | | | | | | | | | | | | |
| 記号 | | | |  | | | | | | | | | 記号 | | | |  | | | | | | | | | | | | | |
| 番号 | | | |  | | | | | | | | | 番号 | | | |  | | | | | | | | | | | | | |
| 保険者名 | | | |  | | | | | | | | | 保険者名 | | | |  | | | | | | | | | | | | | |
| 保険者番号 | | | |  | | | | | | | | | 保険者番号 | | | |  | | | | | | | | | | | | | |
| * 振込口座変更 | | | | | | | |  | | | | | | | | | | | | | 金融機関名 | | | |  | | | | | | | | | | | | | |
| 店番号 | | | |  | | | |  | | | | |  | | | | |
| 支店名 | | | |  | | | | | | | | | | | | | |
| 口座番号 | | | |  | |  |  | | |  | |  | |  | |  | |
| * 死亡 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 転出 * その他（　　　　　） | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 変更・喪失事由発生年月日　　　　　　　　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処理欄 | | 医療証 | | | | | | | | | | | | | | | システム処理 | | | | | | | | | | | | | | | | | | | | | |
| □　交付(　　　年　　月　　日) | | | | | | | | | | | | | | | 入力日 | | | | | | 入力者 | | | | | | | 確認 | | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | |
| □　回収(　　　年　　月　　日) | | | | | | | | | | | | | | |
| 決裁欄 | | 課長 | | 課長代理 | | 担当 | | | | 受付者 | | | | 起案日 | | | | | ・　　　・ | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | |  | | | |
| 決裁日 | | | | | ・　　　・ | | | | | | | | | | | | | | | | | | | |

(注)　太枠の中は記入しないでください。