**国民健康保険　はり・きゅう施設　施術明細書国民健康保険はり・きゅう施設**

（　　　　　年　　　月分）施術明細書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 被保険者記号番号 | | | | 萩市国保 | | |  |  |  | |  |  | |  |  | |  | 住所 | | | 萩市 | | | | | | | | | | |
| 山６０ | | |
| 被保険者氏名 | | | |  | | | | | | | | | | | | | | 世帯主氏名 | | |  | | | | | | | 🞎被保険者と同一 | | | |
| 生年月日 | | | | 昭和平成 | 年　　　月　　　日 | | | | | | | | | | | | | 診療開始年月日 | | | 平成  令和 | | 年　　　月　　　日 | | | | | | | | |
| 実施術日数 | | | | 日 | | | | | | | | | | | | | | 傷病の経過 | | | 治ゆ | | | | 継続 | | 転医 | | | 中止 | |
| 主　　訴　　症　　状  （1）  （2）  （3） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施　術　内　容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日 | はり | きゅう | 摘要 | | | 被保険者確認欄 | | | | 日 | | | はり | | | きゅう | | | 摘要 | 被保険者確認欄 | | 日 | | はり | | きゅう | | | 摘要 | | 被保険者確認欄 |
| １ |  |  |  | | |  | | | | 11 | | |  | | |  | | |  |  | | 21 | |  | |  | | |  | |  |
| ２ |  |  |  | | |  | | | | 12 | | |  | | |  | | |  |  | | 22 | |  | |  | | |  | |  |
| ３ |  |  |  | | |  | | | | 13 | | |  | | |  | | |  |  | | 23 | |  | |  | | |  | |  |
| ４ |  |  |  | | |  | | | | 14 | | |  | | |  | | |  |  | | 24 | |  | |  | | |  | |  |
| ５ |  |  |  | | |  | | | | 15 | | |  | | |  | | |  |  | | 25 | |  | |  | | |  | |  |
| ６ |  |  |  | | |  | | | | 16 | | |  | | |  | | |  |  | | 26 | |  | |  | | |  | |  |
| ７ |  |  |  | | |  | | | | 17 | | |  | | |  | | |  |  | | 27 | |  | |  | | |  | |  |
| ８ |  |  |  | | |  | | | | 18 | | |  | | |  | | |  |  | | 28 | |  | |  | | |  | |  |
| ９ |  |  |  | | |  | | | | 19 | | |  | | |  | | |  |  | | 29 | |  | |  | | |  | |  |
| 10 |  |  |  | | |  | | | | 20 | | |  | | |  | | |  |  | | 30 | |  | |  | | |  | |  |
|  |  |  |  | | |  | | | |  | | |  | | |  | | |  |  | | 31 | |  | |  | | |  | |  |
| 請求 | | | 施術１術　　　　　回 | | | | | | | | | | 円 | | | | | | | | | ＊審査 | | | | | | | 円 | | |
| 施術２術　　　　　回 | | | | | | | | | |
| 施術担当者　住　所  氏　名印 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

　備考　＊印欄には記入しないこと。