（様式第7号）（第8条関係）

子　ど　も　医療費助成台帳

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 助成  対象者 | | 住所 |  | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | 子どもとの続柄 | |  |
| 乳幼児 | ふりがな | |  | | | | | | | | 男女 | 生年月日  年　　　月　　　日 | | |
| 氏名 | |  | | | | | | | |
| 住所 | |  | | | | | | | | | | | |
| 医療保険 | 保険種別 | | 政・組・日・船・共・国・国組 | | | | | | | | | | | |
| 被保険者証等の記号・番号 | | | | | |  | | | | | | | |
| 保険者名 | |  | | | | | | | | | | | |
| 附加給付 | |
| 月 | 区分 | | 件数 | 日数 | 総医  療費 | 一部負担  金 | | 高額療養  費 | その他  控除額 | 助成対象  額 | | | 公費負担医  療の一部負  担金 | 合計 |
| 月 | 入院(国) | |  |  |  |  | |  |  |  | | |  |  |
| 入院(社) | |  |  |  |  | |  |  |  | | |  |  |
| 小計 | |  |  |  |  | |  |  |  | | |  |  |
| 入院外 | |  |  |  |  | |  |  |  | | |  |  |
| 歯科 | |  |  |  |  | |  |  |  | | |  |  |
| 訪問看護 | |  |  |  |  | |  |  |  | | |  |  |
| 合計 | |  |  |  |  | |  |  |  | | |  |  |
| 月 | 入院(国) (国) | |  |  |  |  | |  |  |  | | |  |  |
| 入院(社) | |  |  |  |  | |  |  |  | | |  |  |
| 小計 | |  |  |  |  | |  |  |  | | |  |  |
| 入院外 | |  |  |  |  | |  |  |  | | |  |  |
| 歯科 | |  |  |  |  | |  |  |  | | |  |  |
| 訪問看護 | |  |  |  |  | |  |  |  | | |  |  |
| 合計 | |  |  |  |  | |  |  |  | | |  |  |
| 月 | 入院(国) | |  |  |  |  | |  |  |  | | |  |  |
| 入院(社) | |  |  |  |  | |  |  |  | | |  |  |
| 小計 | |  |  |  |  | |  |  |  | | |  |  |
| 入院外 | |  |  |  |  | |  |  |  | | |  |  |
| 歯科 | |  |  |  |  | |  |  |  | | |  |  |
| 訪問看護 | |  |  |  |  | |  |  |  | | |  |  |
| 合計 | |  |  |  |  | |  |  |  | | |  |  |
| 月 | 入院(国) | |  |  |  |  | |  |  |  | | |  |  |
| 入院(社) | |  |  |  |  | |  |  |  | | |  |  |
| 小計 | |  |  |  |  | |  |  |  | | |  |  |
| 入院外 | |  |  |  |  | |  |  |  | | |  |  |
| 歯科 | |  |  |  |  | |  |  |  | | |  |  |
| 訪問看護 | |  |  |  |  | |  |  |  | | |  |  |
| 合計 | |  |  |  |  | |  |  |  | | |  |  |
| 月 | 入院(国) | |  |  |  |  | |  |  |  | | |  |  |
| 入院(社) | |  |  |  |  | |  |  |  | | |  |  |
| 小計 | |  |  |  |  | |  |  |  | | |  |  |
| 入院外 | |  |  |  |  | |  |  |  | | |  |  |
| 歯科 | |  |  |  |  | |  |  |  | | |  |  |
| 訪問看護 | |  |  |  |  | |  |  |  | | |  |  |
| 合計 | |  |  |  |  | |  |  |  | | |  |  |