様式第6号（第5条関係）

一部負担金集計表

　　年　　月　　日　　曜

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 村内関係 | | | | | 社会保険 | | | | 入院 | | 一般 | | 雑収入 | | | | |  | |
|  |  |  |  |  | 村外  国保 | 健保 | 共済 | 生保 | 内科 | 外科 | 一般 | 労災 | 給食 | 文書料 | ビン |  | 寝具 | 過年度 |  |
| 金額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小計 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 氏名 |  | | | |  | | | | | |  | |  | | | | |  | |
| 合計 |  | | | |  | | | | | |  | |  | | | | |  | |