様式第1号(第3条関係)

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| 受給者番号 | |  | | | | | 老人保健法による医療受給者台帳 | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ふりがな)  受給者氏名 | | |  | | | | | | |  | | | | | | | | 性別 |  | | 生年月日 | |  | | | | 被保険者、組合員又は世帯主との続柄 | | | |  | |
|  | | | | | | | (　・　・　変更) | | | | | | | | 変更 | |
| 居住地 | | |  | | | | | | | | | (　　　　変更) | | | | | | | | | (　　　　　　　　変更) | | | | | | | | | | | |
| 医療保険 | 被保険者組合員又は世帯主の氏名及び住所 | | | |  | | | | | | | | | | | | | 保険者の名称及び所在地 | | |  | | | | | | | | | | | |
| (　　　　　　変更) | | | | | | | | | | | | | (　　　　　　　　変更) | | | | | | | | | | | |
| (　　　　　　変更) | | | | | | | | | | | | | (　　　　　　　　変更) | | | | | | | | | | | |
| 保険種別 | | | 保険者番号 | | | 被保険者証又は組合員証の記号番号 | | | | | | | | 医療保険の取得事由及び日付 | | | | | | | | | | | 医療保険の喪失事由及び日付 | | | | | | |
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| 障害の認定 | | | | | | 認定年月日 | | | | | | | 障害の程度(施行令別表該当号) | | | | | | | | 障害認定の基礎となった書類及び番号 | | | | | | | | | | | |
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| 健康手帳及び健康手帳の医療受給者証 | | | | | | 交付年月日及び事由 | | | 有効期間 | | | | | 資格得喪年月日 | | | | | | 取得時の特定者区分 | | | | | 資格得喪事由 | | | | 受給者証の回収等の年月日 | | | |
|  | | | (自)  (至) | | | | | (取得)  (喪失) | |  | | | |  | | | | |  | | | |  | | | |
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|  | | | (自)  (至) | | | | | (取得)  (喪失) | |  | | | |  | | | | |  | | | |  | | | |
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|  | | | (自)  (至) | | | | | (取得)  (喪失) | |  | | | |  | | | | |  | | | |  | | | |
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| 一部負担金の減・免関係 | | | | | | 区分・内容等 | | | | | 交付・再交付年月日 | | | | | 期間 | | | | | | | | 世帯番号 | (　・　・　変更) | | | | | 備考 | | |
|  | |  | | |  | | | | | 自　　　　　　～至 | | | | | | | |  | | |
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