

日立健康保険組合 御中

健康保険 療養費請求書(立替払い・治療用装具等)

※太枠線内をご記入ください。(記入要領等は、別紙「記入例」をご参照ください)

Main application form with multiple rows and columns for personal information, medical details, and payment instructions.

Section for business information and conditions for payment, including a list of applicable cases.

支給決定伺

Table for payment determination with columns for amount, date, and official roles.