

日立健康保険組合 御中

健康保険 療養費請求書(はり・きゅう用)【令和 年 月分】

※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 sections for submission date, insured person details, medical condition, and payment information.

Business code and business representative information section.

- List of attachments including medical certificates, receipts, and consent forms.

受付日付印

インプット (Input) box for stamping.

支給決定伺

Table for payment determination with columns for amount, date, and responsible person.