



Table with columns for dates (年月日), amounts (金額), and medical details (種目, 請求, 査定).

82 健康保険 被保険者家族 療養費支給申請書 (第 回目)

Main application form with sections for insured person info (被保険者), medical details (療養費), and hospital treatment (診療).

Table for medical expenses (療養費) with columns for type (別), amount (金額), and date (年月日).

Receipt section (領収書) with fields for amount (金額), date (年月日), and signature (署名).

Table for payment details (支払金融機関) including bank name (銀行), branch (支店), and account type (口座).

Form for beneficiary information (受取代理人) including name (氏名), address (住所), and relationship (関係).

領収 (診療) 明細書

Detailed medical receipt table with columns for patient name (患者名), injury (傷病名), and various medical services (診療, 投薬, 検査).

Vertical text on the right side providing instructions and notes regarding the receipt and medical details.

Vertical text on the left side: ◎「※」印欄は記入しないでください。