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| 年　　　月　　　日  **原爆一般疾病医療費の支給等に係る届書**  　　菰　野　町　長  住　　　所　菰野町  世帯主氏名  電話番号　（　　　　　）　　　　-  世帯に属する被保険者のうち下記の者については、原爆一般疾病医療費の支給等を受けることができる状況にありますので届け出ます。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 区分 | 被保険者の氏名 | 住所 | | | | | | | | | | | | 原爆一般疾病医療費の支給等の名称 | | 1 |  |  | | | | | | | | | | | |  | | 被保険者個人番号 |  |  |  |  |  |  |  |  |  |  |  |  | | 2 |  |  | | | | | | | | | | | |  | | 被保険者個人番号 |  |  |  |  |  |  |  |  |  |  |  |  | | 被保険者の記号番号 | |  | | | | | | | | | | | | | | 原爆一般疾病医療費の支給等を受けることができる者であることを証する書類 | | | | | | | | | | | | | | |   (注)１　この届出は、その世帯に属する被保険者が原子爆弾被爆者に対する援護に関する法律による一般疾病医療費の支給その他厚生労働省令で定める医療に関する給付を受けることができる場合に提出してください。  　　２　上記被保険者が原爆一般疾病医療費の支給等を受けることができる者であることを証する書類を添付してください。 |