届出年月日　令和　　　　年　　月　　日

**振込金融機関等指定（変更）届**

熊本県国民健康保険団体連合会理事長　殿

　　　　　　　　　　　　　　　　　　　　医療機関名

　　　　　　　　　　　　　　　　　　　　開設者氏名　　　　　　　　　　　　　　　　　　㊞

　診療（調剤）報酬等の請求及び受領に関し、下記のとおり届けます。

記

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| 届出内容区分 | １．新規指定 | ２．指定金融機関変更（　　　月支払分から） | ３．印鑑改印 | ４．その他  （　　　　　） |

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| ※区分 | |  | 医療機関コード | | | | | | ４ | | | | ３ | |  | |  | | | |  | |  | | |  | | | |  | | | | | |  | | |  | | | | ※科 | | | | | |  | | | |  |
| 点数表区分 | | | １．医科　３．歯科　４．調剤　６．訪看 | | | | | | | | | | | | | | 点数表区分の数字を医療機関コードの４３の次に記入して下さい | | | | | | | | | | | | | | | ※所在地  保険者番号 | | | | | | | | |  | | | | | | | | | | | | |
| 開設日 | | | 令和　　年　　　月　　　日 | | | | | | | | | | | | | 保険医療機関  指定日 | | | | | | | | | | | | 令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医療機関名  （上段はカナ、下段は漢字） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ※医療機関略称 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 郵便番号 | | |  | | | | ― | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地  （上段はカナ、下段は漢字） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 電 話 番 号 | | |  | | . |  | |  | | | |  | |  | | | |  | | | |  | |  | | |  | | | | | | |  | | | |  | | | |  | | | | | | | | | | | |
| 開設者名  （上段はカナ、下段は漢字） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 代表者氏名  （上段はカナ、下段は漢字）  開設者と同じ場合は不要 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 指定金融機関 | 金融機関名  （上段はカナ、下段は漢字） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 銀行コード  （不明の場合は不要）） | | | | | | | | | | |  | |  | | | |  | | |  |
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| 支　店　名  （上段はカナ、下段は漢字） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 支店コード  （不明の場合は不要）） | | | | | | | | | | |  | | |  | | | |  | | |
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| 預金種目 | | | １．普通　２．当座　３．別段 | | | | | | | | | | | | | | | | 口座番号  （右詰で記入） | | | | |  | | | |  | | | | | |  | | | | |  | | | | |  | | |  | | | |  | |
| 口座名義人  （上段はカナ、下段は漢字） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ※登　録　年　月　日 | | | | | | | | | | | ※廃　止　年　月　日 | | | | | | | | | | | | | | | | | | | | 受  付 | | | | | |  | | | | | | | | | | | | | | | | |
| 5：令和　　　年　　月　　日 | | | | | | | | | | | 5：令和　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | |

注）※欄は記入しないでください。