

事例 6 国保2併(3割)

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| <b>診療報酬明細書</b><br>(医科入院)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | 都道府県<br>番号  |   | 医療機関コード     |                       | 1                     | ①社国                   | 3後期          | 1単独             | ①本人            | 7高入一            |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |   |             |                       | 医<br>科                | 2公費                   | 4退職          | ② 2併<br>3 3併    | 3三入<br>5家入     | 9高入7            |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 平成 年 月 分                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">—</td> <td style="width: 50%; text-align: center;">—</td> </tr> <tr> <td>公費負担者<br/>番号①</td> <td>公費負担の<br/>受給者番号①</td> </tr> <tr> <td>公費負担者<br/>番号②</td> <td>公費負担の<br/>受給者番号②</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |             |   |             |                       | —                     | —                     | 公費負担者<br>番号① | 公費負担の<br>受給者番号① | 公費負担者<br>番号②   | 公費負担の<br>受給者番号② | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">保険者<br/>番号</td> <td style="width: 50%;">給<br/>割</td> </tr> <tr> <td colspan="2" style="text-align: center;">10 9 8<br/>⑦ ( )</td> </tr> <tr> <td colspan="2">被保険者証・被保険者<br/>手帳等の記号・番号</td> </tr> </table> |                                                                                                                                                                                                                                                                |             | 保険者<br>番号 | 給<br>割                | 10 9 8<br>⑦ ( )       |                       | 被保険者証・被保険者<br>手帳等の記号・番号 |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">転</td> <td style="width: 50%;">診<br/>療<br/>実<br/>日<br/>数</td> </tr> <tr> <td colspan="2" style="text-align: center;">18 日</td> </tr> <tr> <td colspan="2" style="text-align: center;">7 日</td> </tr> <tr> <td colspan="2" style="text-align: center;">日</td> </tr> </table> |   |             | 転        | 診<br>療<br>実<br>日<br>数 | 18 日   |  | 7 日 |              | 日 |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |   |             |                       | —                     | —                     |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |   |             |                       | 公費負担者<br>番号①          | 公費負担の<br>受給者番号①       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 公費負担者<br>番号②                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 公費負担の<br>受給者番号②       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 保険者<br>番号                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 給<br>割                |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 9 8<br>⑦ ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 被保険者証・被保険者<br>手帳等の記号・番号                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 転                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 診<br>療<br>実<br>日<br>数 |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 日                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 日                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 日                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">所得:一般</td> <td style="width: 50%;">特記事項</td> </tr> <tr> <td>入外:入院</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">18一般</td> </tr> <tr> <td>認定証:限度額認定証(一般)</td> </tr> <tr> <td>種別:2併</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |             |   |             |                       | 所得:一般                 | 特記事項                  | 入外:入院        | 18一般            | 認定証:限度額認定証(一般) | 種別:2併           |                                                                                                                                                                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">保<br/>険<br/>公<br/>費<br/>①</td> <td style="width: 50%;">18 日</td> </tr> <tr> <td>公<br/>費<br/>②</td> <td>7 日</td> </tr> <tr> <td></td> <td>日</td> </tr> </table> |             |           | 保<br>険<br>公<br>費<br>① | 18 日                  | 公<br>費<br>②           | 7 日                     |   | 日                                                                                                                                                                                                                                                                                                                                                                           |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 入外:入院                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 18一般                  |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 認定証:限度額認定証(一般)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 種別:2併                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 保<br>険<br>公<br>費<br>①                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 18 日                  |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 公<br>費<br>②                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7 日                   |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 日                     |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ※更生医療:負担上限月額設定なし                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="writing-mode: vertical-rl; text-align: center;">療<br/>養<br/>の<br/>給<br/>付</td> <td style="text-align: center;">保<br/>険<br/>公<br/>費<br/>①</td> <td style="text-align: center;">請<br/>求<br/>点</td> <td style="text-align: center;">※</td> <td style="text-align: center;">決<br/>定<br/>点</td> <td style="text-align: center;">負<br/>担<br/>金<br/>額<br/>円</td> <td style="text-align: center;">食<br/>事<br/>生<br/>活<br/>費</td> <td style="text-align: center;">保<br/>険<br/>公<br/>費<br/>①</td> <td style="text-align: center;">日</td> <td style="text-align: center;">請<br/>求<br/>円</td> <td style="text-align: center;">※</td> <td style="text-align: center;">決<br/>定<br/>円</td> <td style="text-align: center;">(標準負担額)円</td> </tr> <tr> <td></td> <td style="text-align: center;">26,539</td> <td></td> <td></td> <td style="text-align: center;">減額 割(円)免除支払猶</td> <td></td> <td></td> <td style="text-align: center;">省略</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">2,980</td> <td></td> <td></td> <td style="text-align: center;">2,980</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |                       |             |   |             |                       |                       |                       |              |                 |                |                 | 療<br>養<br>の<br>給<br>付                                                                                                                                                                                                                                                                                     | 保<br>険<br>公<br>費<br>①                                                                                                                                                                                                                                          | 請<br>求<br>点 | ※         | 決<br>定<br>点           | 負<br>担<br>金<br>額<br>円 | 食<br>事<br>生<br>活<br>費 | 保<br>険<br>公<br>費<br>①   | 日 | 請<br>求<br>円                                                                                                                                                                                                                                                                                                                                                                 | ※ | 決<br>定<br>円 | (標準負担額)円 |                       | 26,539 |  |     | 減額 割(円)免除支払猶 |   |  | 省略 |  |  |  |  |  | 2,980 |  |  | 2,980 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 療<br>養<br>の<br>給<br>付                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 保<br>険<br>公<br>費<br>① | 請<br>求<br>点 | ※ | 決<br>定<br>点 | 負<br>担<br>金<br>額<br>円 | 食<br>事<br>生<br>活<br>費 | 保<br>険<br>公<br>費<br>① | 日            | 請<br>求<br>円     | ※              | 決<br>定<br>円     |                                                                                                                                                                                                                                                                                                           | (標準負担額)円                                                                                                                                                                                                                                                       |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | 26,539      |   |             | 減額 割(円)免除支払猶          |                       |                       | 省略           |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | 2,980       |   |             | 2,980                 |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |             |   |             |                       |                       |                       |              |                 |                |                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                |             |           |                       |                       |                       |                         |   |                                                                                                                                                                                                                                                                                                                                                                             |   |             |          |                       |        |  |     |              |   |  |    |  |  |  |  |  |       |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

※更生医療の患者負担額については、医療券等に記入された公費負担医療に係る患者の負担額を記載する。  
 ※自立支援公費は負担上限月額のない者は定率10%負担となる。

| 費 用 額    |        | 265,390円 |       |
|----------|--------|----------|-------|
| 保険負担額    | 公費負担額  | 患者負担額    | 患者負担額 |
| 185,773円 | 5,960円 | 70,677円  | 2,980 |

国保(本人3割負担)

【療養の給付】

|                                 |          |       |
|---------------------------------|----------|-------|
| ①26,539点 × 10円 × 1=             | 265,390円 | 費 用 額 |
| ②26,539点 × 10円 × 0. 7=          | 185,773円 | 保険負担額 |
| ③(26,539点-2,982点) × 10円 × 0. 3= | 70,677円  | 患者負担額 |
| ④2,980点 × 10円 × 0. 3=           | 8,940円   |       |
| ⑤8,940円-2,980円=                 | 5,960円   | 公費負担額 |
| ⑥                               | 2,980円   | 患者負担額 |