令和5年12月から令和 6年 7月までの医療費は次のとおりです。　N枚目／N枚

| 被保険者番号 | NNNNNNNN | 被保険者氏名 | NNNNNNNNNNNN様 |
|---|---|---|---|

| 受診年月 | 医療機関等の名称 注１ | 区　分 注２ | 日数 注３ | 医療費の額（総額） 注４ | 支払った医療費の額（自己負担相当額） 注５ | 入院時食事療養費/生活療養費 費用の総額 | 入院時食事療養費/生活療養費 支払った額 注５ |
|---|---|---|---|---|---|---|---|
| ZZ年ZZ月 | NNNNNNNNNNNNNNNNN | NNNNN | NN日 | ZZZ,ZZZ,ZZZ円 | ZZ,ZZZ,ZZZ円 | ZZZ,ZZZ円 | ZZZ,ZZZ円 |
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| | | 総合計額 | | ZZZ,ZZZ,ZZZ円 | ZZ,ZZZ,ZZZ円 | ZZZ,ZZZ円 | ZZZ,ZZZ円 |
| | | 1～7月の合計額 | | ZZZ,ZZZ,ZZZ円 | ZZ,ZZZ,ZZZ円 | ZZZ,ZZZ円 | ZZZ,ZZZ円 |

**「表の見方」・「問い合わせ先」は、1枚目を参考にしてください。**