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| **【再審査請求書（6項目以上）】** |

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| 令和 |  | 年 |  | 月 |  | 日 |

**様式１**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保険医療機関等コード |  |  |  |  |  |  |  | 診療年月 | 年　　　　月 | 患者氏名  （カナ） |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 減　点／減　額 | | 箇所 | 事由 | 減　　点　　内　　容 |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 請求理由（詳細に記載してください。） | | | | |