様式第19号の２（第11条の２関係）

後期高齢者医療限度額適用認定証交付申請書

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| 届出者名 | （署名または記名押印） | 本人との関係 |  |
| 届出者住所 |  | 連絡先  電話番号 |  |

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| 被保険者番号 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 被保険者 | フリガナ |  | | | | | | | | | | | | | | | | | | | | |
| 氏　　名 |  | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | |
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| 静岡県後期高齢者医療広域連合長　殿  　上記のとおり、関係書類を添えて後期高齢者医療の限度額適用認定証の交付を申請します。  　　　　令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | |