令和 4年 2月 9日

再　審　査　等　請　求　書

保険医療機関等の

　　　社会保険診療報酬支払基金　　　　支部　御中

再審査

取下げ

　下記理由により、診療報酬等明細書を　　　　　　　願います。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| １ | | 点数表 | | | １ 医科　３ 歯科　４ 調剤  ６ 訪問 | | | | | | | | | | | 医療機関等 | | | | | | | | | 9999999 | | | | | | | | 旧総合病院 | | | | | | | | 内科 | | | | | | |
| ２ | | 診療  年月 | | 2019年11月 | | | 請　求  (調整)  年　月 | | | 2020年7月 | | | | | | | 明細書  区　分 | | | | | １ 単独  ２ 併用  ３ 老健 | | | | | 1=本人入院　　2=本人外来　　3=未就学者入院  4=未就学者外来　　5=家族入院　　6=家族外来  7=高齢者入院一般　　8=高齢者外来一般  9=高齢者入院7割　　0=高齢者外来7割 | | | | | | | | | | | | | 再審査等  対象種別 | | | | | | １ 一次審査  ２ 突合再審査  ３ 再 審 査 | |
| ３ | | 再審査等対象種別が  「２　突合再審査」  のとき、相手方薬局 | | | | | | 薬 局 コ ー ド | | | | | | | | | | | | | | | | | | | | ( ) | | | | | | | | | | | | | | | | | | | |
| 薬 局 の 名 称 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ４ | | 保 険 者 番 号 | | | |  | | |  | |  | |  | |  | | |  | | |  | |  | | | | | 記号・番号 | ・ | | | | | | | | | | | | | | | | | | |
| ５ | | 公費負担者番号 | | | |  | | |  | |  | |  | |  | | |  | | |  | |  | | | | | 受給者番号 | |  | |  | | |  | | |  | | | | |  | |  | |  |
| ６ | | フ リ ガ ナ | | | | ソラオ | | | | | | | | | | | | | | | | | | | | | | 生　年　月　日 | | | | | | | | | | | | | | 写の有無 | | | | | |
| 患者氏名 | | | | ソラオ | | | | | | | | | | | | | | | | | | | | | | 2大正　3昭和  4平成　5令和　　　20年　4月19日 | | | | | | | | | | | | | | １　　　２  有　・　無 | | | | | |
| ７ | | 請求点数  （金 額） | | | | 点(円) | | | | | | | | | | | | |  | | | | | | | | | | | | 一　　部 | | | | | | 円 | | | | | | | | | | |
| 食事・生活  請求金額 | | | | 円 | | | | | | | | | | | | | 標　　準 | | | | | | | 円  ※ | | | | | 理　　由 | | | | | |  | | | | | | | | | | |
| ８ | | № | 減点点数（金額） | | | | | | | | | 減点事由及び箇所 | | | | | | | | | | | | 減　　点　　内　　容 | | | | | | | | | | | | | | | | | | | | | | | |
| ① |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ② |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ③ |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| 請求理由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 再審査の結果、下記のとおり決定します。  注　「※取下げ理由」欄、「※備考」欄及び「※基金使用欄」については、基金で使用しますので、何も記入しないでください。  復活・原審  復活・原審  復活・原審  摘要  原審理由  結　　果  ３  ２  １  № |  | | | | | | | | | | | |  | 備　考  ※  ※ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 基　金  使用欄 | | | | | | 増減点 | | | | | | | | | | | | 請 求 理 由 | | | | 責任 | | | 請求数 | | | | | 処理 | 診療科 | | 再々審 |
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