

※太枠内を記入してください。なお、保険証の番号順で記入してください。

生活習慣病予防健診補助金連名簿（35歳以上）

| | | | | | | | | | |
|--------|--|--|--|---|-------|--|--|-------|--|
| 健康保険記号 | | | | - | 支店コード | | | 健診機関名 | |
|--------|--|--|--|---|-------|--|--|-------|--|

| 番号 | 氏名 | 受診日 | 健診料金 (税込) | 追加検査 (税込) | | 胃部 未実施 | 補助金額 | 備考 |
|----|----|-----|-----------|-----------|---------|-----------|------|----|
| | | | | 乳房検査 | 子宮頸がん検査 | | | |
| 1 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 2 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 3 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 4 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 5 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 6 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 7 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 8 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 9 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 10 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 11 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 12 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 13 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 14 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 15 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 16 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 17 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 18 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 19 | | R | ¥ | ¥ | ¥ | | ¥ | |
| 20 | | R | ¥ | ¥ | ¥ | | ¥ | |