

日立健康保険組合 御中

健康保険 移送承認申請書・移送届

□被保険者 □被扶養者

※太枠線内をご記入ください。(記入要領等は、別紙「記入例」をご参照ください)

Main application form with fields for submission date, insured person details, business location, and injury information.

Medical section form for dentist/physician opinion, including injury name, transfer date, and medical facility details.

Business code and business representative information fields.

【添付書類】 移送に際しての見積書 (移送後の場合は領収書) (原本)

受付日付印

Input box for additional information.

移送承認伺

Approval request table with columns for approval number, date, and responsible parties.