事業者→保険者　　　　　　　　　　　　　　　　　介護給付費過誤申立依頼書

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| 申　立　者 | 事業所番号 |  |  |  |  |  |  | |  |  | |  |  |
| 事業所名 |  | | | | | | | | | | | |
| 所 在 地 |  | | | | | | | | | | | |
| 連 絡 先 |  | | | | | | 担当者氏名 | | |  | | |

毛呂山町長　あて

　下記の介護給付について、過誤を申し立てます。　　　　　　年　　月　　日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| № | 被保険者番号 | | | | | | | | | | サービス提供年月 | 請求単位数 | | | | | | 特定入所者介護  サービス費等 | | | | | 申立事由コード | | | | 申立理由 |
| 被保険者氏名 | | | | | | | | | |
| 1 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 2 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 4 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |  | 年　 　月 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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