　　年　　月　　日

介護給付費明細書の実績取り下げ依頼書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保険者名 | 須　賀　川　市 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険者番号 | ０ | | | | ７ | | | | | ２ | | | | ０ | | | | ７ | | | | | ４ | | | |
| 請求事業所番号 |  |  | | | |  | | |  | | |  | |  | |  | | |  | | |  | | | |  |
| 請求事業所の所在地・名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所電話番号 | （　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 担当者 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者番号 |  |  | | | |  | | |  | | |  | |  | |  | | |  | | |  | | | |  |
| フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | 明 ・ 大 ・ 昭　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 性別 | 男　・　女 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 請求サービスの種類 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取り下げるサービスの提供月 | 年　　月分 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 明細書提供月 | 年　　月　提出 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 公費負担者番号 |  | |  | | | |  | | | |  | | |  | | |  | | | |  | | | |  | |
| 公費受給者番号 |  | | |  | | | |  | | | | |  | |  | | | | |  | | | |  | | |
| 介護給付費明細書の請求単位 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 取り下げの理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | |

（請求事業所）→（須賀川市長寿福祉課）