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| 介護給付費過誤申し立て依頼書  　次のとおり過誤申し立てを依頼します。 | | | | | | | | | | | | | | | | | | | | | | |
|  | 届出年月日 | | | | | | | | | 年　　　　月　　　　日 | | | | | | | | |  | | | |
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|  | 事業所番号 | | | | | | | | | | | | 事業所名 | | | | | | | | |  |
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|  | 被保険者番号 | | | | | | | | | | | | 被保険者氏名 | | | | サービス提供年月 | | サービス種類名 | | |  |
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|  | 過誤申立情報区分 | | | | | | | | | | | | | | | | | | | | |  |
|  | どちらかに○をしてください。 | | | | | | 同月過誤取下げ再請求　　・　　通常分過誤  　　（毎月７日まで）　　　　　　　（毎月17日まで） | | | | | | | | | | | | | | |  |
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|  | 過誤申し立てする様式  （請求書、明細書等） | | | | | | | | | | | | | | 様式第 | | | | | | |  |
|  | 過誤申し立て事由（できるだけ具体的に記述してください。） | | | | | | | | | | | | | | | | | | | | |  |
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| 【飯山市記入欄】 | | | | | | | | | | | | | | | | | | | | | | |
|  | 備　　　考 | | | | | | | | | | | | | 受付 | | 審査 | | 入力 | | 係長 | 課長 |  |
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