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| 介護保険居宅介護(予防)福祉用具購入費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | フリガナ  被保険者氏名 | |  | | | | | | | | | | | | 保険者番号 | |  | | | | | | | | |  | |  |  | |  | |  | |  |  |
|  | | | | | | | | | | | |
| 被保険者番号 | |  | |  | |  | | |  | |  | |  |  | |  | |  | |  |
| 生年月日 | | 明 ･ 大 ･ 昭　　　年　　 月　　 日生 | | | | | | | | | | | | | 性別 | | | | | | | 男・女 | | | | | | | | | | | | |
| 住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名  (種目名及び商品名) | | | | | 製造事業者名及び販売事業者名 | | | | | | 購 入 金 額 | | | | | | 購 入 日 | | | | | | | | | | | | | | | | | |
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| 福祉用具が必要な理由 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 石垣市長　　　様    上記のとおり関係書類を添えて居宅介護(予防)福祉用具購入費の支給を申請します。    　年　　月　　日    　　　　申請者  住所  　　　 　　 氏名　　　　　　　 　 　 　　　　　　印　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※ケアプラン（写し）、領収書及び福祉用具のパンフレット等を添付してください。  　居宅介護(予防)福祉用具購入費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振込依頼欄 | （金融機関名） | | | | | | | | （支店・出張所名） | | | | 種　目 | | | | | | 口　座　番　号 | | | | | | | | | | | | | | | |  |
| ・普通  ・当座  ・その他 | | | | | |  | |  | | |  | |  | | |  | |  | |  | |
| 金融機関コード | | | | | | | | 店舗コード | | | |
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| フリガナ  口座名義 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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