年　　月　　日

介護給付費過誤申立依頼書

　　　月　　同月過誤　・　通常過誤

雫石町長　様

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| 事業所番号 |  |  |  |  |  |  |  |  |  |  |
| 事業者名 |  | | | | | | | | | |
| 所在地 | 〒 | | | | | | | | | |
| 電話番号 |  | | | | | | | | | |
| 担当者名 |  | | | | | | | | | |

次の介護給付について、過誤調整が必要ですので手続きについて宜しくお願い致します。

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| 被保険者番号 | | | | | | | | | | 被保険者氏名 | サービス提供月 | 申立事由コード | | | | 申立事由 |
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