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| 井原市長　様 | | | | | | | | | | |  | | | | 事業所番号 | | | |  |  |  |  |  |  |  |  |  |  |
| （保険者番号：332072） | | | | | | | | | | |  | | | | 事業所名称 | | | |  | | | | | | | | | |
|  | | | | | | | | | | | 令和　　　年　　　月　　　日 | | | | 事業所所在地 | | | | 〒 | | | | | | | | | |
|  | | | | | | | | | | | （　　　枚中　　　枚目） | | | | 連絡先 | | | | TEL：  FAX：　　　　　　　　　　　（担当：　　　　　　） | | | | | | | | | |
| 過誤対象となるサービス費 | | | | | | | | | | * 介護給付費　・　□介護予防・日常生活支援総合事業費 | | | | | | | |  | | | | | | | | | | |
| 被保険者番号 | | | | | | | | | | 被保険者氏名 | | サービス提供年月 | 申立事由コード | | | | | 申立事由　（具体的に記入してください） | | | | | | | | | | |
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***※申立書の提出は、郵送または直接介護保険課窓口へお願いします。（ＦＡＸ不可）***