様式第10号その1(第17条関係)

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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 | | | |  | | | | | | | 保険者番号 | | | | | | |  | | | | | | |  | |  | |  | |  | |  | |  |  |
| 被保険者氏名 | | | |  | | | | | | | 被保険者番号 | | | | | | |  |  |  | |  | | |  | |  | |  | |  | |  | |  |
| 個人番号 | | | | |  |  |  |  |  | |  | | |  | |  | |  | |  | |  | |  |
| 生年月日 | | | | 年　　月　　日生 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名  (種目名および商品名) | | | | | | | 製造事業者名および販売事業者名 | | | | | | | 購入金額 | | | | | | | | | 購入日 | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | 円 | | | | | | | | | 年　月　日 | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | 円 | | | | | | | | | 年　月　日 | | | | | | | | | | | | |
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| 福祉用具購入事業所名 | | | | | | | | | | | | | | | | | | 事業者番号 | | | | | | | | | | | | | | | | | |
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| 福祉用具が必要な理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 米原市長　　　　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 | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | |
| 注意・この申請書の裏面に、領収証および福祉用具のパンフレット等を添付してください。  　　・「福祉用具が必要な理由」については、個々の用具ごとに記載してください。欄内に記載が困難な場合は、裏面に記載してください。  　居宅介護(予防)福祉用具購入費を次の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振込依頼欄 | | 銀行  信用金庫  信用組合  農協 | | | | | | | 本店  支店  出張所  代理店 | | | | 種目 | | | | | | | | 口座番号 | | | | | | | | | | | | | | |  |
| １　普通預金  ２　当座預金  ３　その他 | | | | | | | |  | | |  | |  | |  | |  | |  | |  | |
| 金融機関コード | | | | | | | 店舗コード | | | |
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| フリガナ  口座名義人 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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