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| 被保険者の情報 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  | 個人  番号 |  |  |  |  |  |  |  |  | |  |  |  |  |
| フリガナ |  | | | | | | | | | | 生年  月日 | 年　　月　　日 | | | | | | | |
| 被保険者氏名 |  | | | | | | | | | |
| 住所 | 郵便番号 | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 |  | | | | | | | | | | |
| 本人支払額 |  | | | | | | | | | | |

高額介護（介護予防）サービス費支給申請書

（宛先）東金市長

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 提出代行者の情報 | 提出代行者の  氏名 |  | | 被保険者との  関係 | | |  |
| 事業所の名称 |  | | 事業所の種別 | | |  |
| 事業所の住所 | 郵便番号 |  | | |
|  | | | | | |
| 事業所の電話  番号 |  | | |

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| 世帯内で既に高額介護サービス費の支給申請している方の情報 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  |
| 被保険者氏名 |  | | | | | | | | | |

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| 振込口座の情報 | 金融機関名 | | | | | |  | | | | | | |  |
|  |
| 金融機関コード | | | | | |  | | | | | | |
| 種別（本店・支店・出張所） |  |
| 金融機関支店名 | | | | | |  | | | | | | |  |  |
|  |
| 店舗コード | | | | | |  | | | | | | |
|
| 口座種別 | | | | | |  | | | | | | |
|
| 口座番号 | | | | | |  | | | | | | |
|
| フリガナ | | | | | |  | | | | | | |
| 口座名義人 | | | | | |  | | | | | | |
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