様式２-1

サービス事業所 → 保険者

介護給付費過誤申立書

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| （宛先） | 申　立　書 | 事業所番号 |  |  |  |  |  |  |  |  |  |  | （10桁） |
| 富良野市長　　様 | 事業所名 |  | | | | | | | | | | |
|  | 所在地 | 〒 | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | 連絡先 |  | | | | | | | | | | |

下記の介護給付について、過誤を申し立てます。　　申立日　　　　　　年　　月　　日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| № | 被保険者番号 | | | | | | | | | | サービス提供年月 | 申立事由コード | | | | 申立事由 |
| 被保険者氏名（カナ） | | | | | | | | | |
| 1 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 2 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 3 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 4 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 5 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 6 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 7 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| 8 | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |