**介護給付費過誤申立書**

事業所　→　保険者

保　険　者　牛久市

保険者番号　０８２１９８

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| 事業所番号 |  |  |  |  |  |  |  |  |  |  |
| 事業所名称 |  | | | | | | | | | |
| 所　在　地 |  | | | | | | | | | |
| 連　絡　先 |  | | | | | | | | | |
| 担　当　者 |  | | | | | | | | | |

　　　　年　　月　　日

下記の介護給付について、過誤を申し立てます。

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|  | 被保険者番号 | | | | | | | | | | フリガナ | 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 |
| １ |  |  |  |  |  |  |  |  |  |  |  | 年　　月 |  |  |  |  |  |
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* この申立書のほかに、給付費請求書の写し（正誤がわかるもの）を添付してください。