別記様式第49号(第29条関係)

(償還払い用)

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|  | | 介護保険居宅介護(介護予防)サービス費、特例居宅介護(介護予防)サービス費、地域密着型介護(介護予防)サービス費、特例地域密着型介護(介護予防)サービス費、居宅介護(介護予防)サービス計画費、特例居宅介護(介護予防)サービス計画費、施設介護サービス費、又は特例施設介護サービス費 | | | | | | | | | | | | | | | | | | | | | | 支給申請書 | | | | | | | | | | | | | | |
| (　　年　　月分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 支払金額合計 | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請理由 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (宛先)栃木市長  　上記のとおり、関係書類を添えて居宅介護(介護予防)サービス費、特例居宅介護(介護予防)サービス費、地域密着型介護(介護予防)サービス費、特例地域密着型介護(介護予防)サービス費、居宅介護(介護予防)サービス計画費、特例居宅介護(介護予防)サービス計画費、施設介護サービス費又は特例施設介護サービス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該当月分の領収証及びサービス提供証明書又は居宅介護(介護予防)提供証明書も併せて添付してください。  　上記の給付費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振替依頼欄 | | 銀行  信用金庫  労働組合  農業協同組合 | | | | | | | | 本店  支店  出張所 | | | | | | 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 | | | | | |
|  | |  | | |  |  | |  | |  | | |  |
| フリガナ  口座名義人 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 市記入欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 区分 | | | | | | 保険料納付状況 | | | | | 領収証確認欄 | | | サービス提供証明書確認欄 | | | 備考 | | | | | | | | | | | | | | | | | | | |  |
| 1　一般  2　支払方法の変更  3　給付額減額 | | | | | | 未納保険料  有・無  滞納保険料  有・無 | | | | |  | | | | | | | | | | | | | | | | | | | |
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