様式第１４号

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| 介護保険福祉用具購入費支給申請書  （宛先）所沢市長 | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | ※支払い方法区分をお知らせください。 | （　償還払い　受領委任払い　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 被保険者の情報 | 被保険者番号 |  |  |  |  |  |  | |  |  |  |  | 個人番号 | | |  |  |  |  | |  |  |  |  |  |  |  |  | | フリガナ |  | | | | | | | | | | | | 性別 |  | 生年月日 | | | |  | | | | | | | | | | 被保険者氏名 |  | | | | | | | | | | | | | 住所 | 郵便番号 | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 提出代行者の情報 | | | 氏名 | |  | | | | | | 被保険者  との関係 |  | | |  |
|  | 事業所名 | |  | | | | | | 事業所の  種　　別 |  | | |  |
|  | 事業所の住所 | | 郵便番号 | | |  | | |  | | | |  |
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|  | 電話番号 | |  | | | | | |  | | | |  |
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|  | 福祉用具の情報 | | 福祉用具　１品目の情報 | | 福祉用具の  種目 | | |  | | | | 福祉用具名 |  | | |  |
| 製造事業者名 | | |  | | | | 商品の  TAISコード |  | | |
| 販売事業者名 | | |  | | | |  |  | | |
| 購入金額 | | |  | | | | 購入年月日 | 年　　　月　　　日 | | |
| 福祉用具が  必要な理由 | | |  | | | | | | | |
|  | 福祉用具　２品目の情報 | | 福祉用具の  種目 | | |  | | | | 福祉用具名 |  | | |  |
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| 販売事業者名 | | |  | | | |  |  | | |
| 購入金額 | | |  | | | | 購入年月日 | 年　　　月　　　日 | | |
| 福祉用具が  必要な理由 | | |  | | | | | | | |
|  | ※裏面もあります | | | | | | | | | | | | | | |  |
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