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| 事業所番号 |  |  |  |  |  |  |  |  |  |  |
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| 担当者 |  | | | | | | | | | |
| 電話番号 |  | | | | | | | | | |
| ＦＡＸ番号 |  | | | | | | | | | |

事業者　→　保険者 介護給付費過誤申立書 【　再請求：　有　・　無　】

　松川町長　殿

申立年月日　　　　　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 |
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