介護保険事業所→保険者

介護給付費過誤申立書

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　　　　益子町長　殿

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

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| 被保険者番号  被保険者氏名 | | | | | | | | | | サービス提供年月 | 申立事由コード | | | | 申立事由 |
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