|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | 個　人　番　号 | | |  | |  | | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | | |  |
| フリガナ | | | |  | | | | | | | | | | 保 険 者 番 号 | | |  | | | | | | | | | | |  | | |  | | |  | |  | | |  | | |  | |
| 被保険者氏名 | | | |  | | | | | | | | | |
| 被保険者番号 | | |  | | |  | | |  | | |  | |  | | |  | | |  | |  | | |  | | |  | |
| 生年月日 | | | | 年　　月　　日 | | | | | | | | | | 性別 | 男　・　女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名  (種目名及び商品名) | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 製造事業者及び  販売事業者名 | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ①保険対象費用額 | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ②被保険者負担額 | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保険支給額（①－②） | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 購入日 | | | | |  | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具が  必要な理由 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 美濃市長　　　　　様  上記のとおり関係書類を添えて居宅介護（介護予防）福祉用具購入費の支給を申請及び請求します。  また、この申請及び請求に基づく当該保険給付の受領に関する権限については、下記の者に委任します。  　　　　　　年　　月　　日  　　　　　住所  　申請者　　　　　　　　　　　　　　　　　　　　　　　　　　電話番号  （委任者）　氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受任者の住所、事業者名、代表者名及び口座振替依頼欄 | 〒  住所  事業者名  代表者名　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 銀行・農協  信用金庫  信用組合 | | |  | | 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 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

別記様式第７号（第１０条関係）

介護保険居宅介護（介護予防）福祉用具購入費支給申請書兼請求書（受領委任払用）

【保険者記入欄】※以下は記入しないでください。

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 保険内金額 | | 利用者負担額 | 支給予定額 | | 過去申請済額 | | 申請可能残額 |
| 円 | | 円 | 円 | | 円 | 円 | |
| 認定状況 | 介・支(１・２・３・４・５) | | 有効期間 | 年　　月　　日　～　　　　　年　　月　　日 | | | |

|  |  |  |
| --- | --- | --- |
| 事前申請受付確認印 | 事後申請時受付印 | 備　考　欄 |
|  |  |  |