様式第２号（第５条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護保険居宅介護（介護予防）福祉用具購入費支給申請書【受領委任払用】   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ﾌ　ﾘ　ｶﾞ　ﾅ  被保険者氏名 | |  | | 保険者番号 | | | |  | | | | 0 | 8 | 3 | 0 | 2 | 2 | |  | | 被保険者番号 | | | |  |  |  |  |  |  |  |  |  |  | | 個人番号 | |  |  |  |  |  |  |  |  |  |  |  |  | | 生年月日 | | 年　　　月　　日生 | | | | | | | | | | | | | | | | | 住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | 福祉用具名（種目名及び商品名） | | | 製造事業者名及び販売事業者名 | | 購入金額 | | | | | | 購入日 | | | | | | | |  | | |  | | 円 | | | | | | 年　　月　　日 | | | | | | | |  | | |  | | 円 | | | | | | 年　　月　　日 | | | | | | | |  | | |  | | 円 | | | | | | 年　　月　　日 | | | | | | | | 福祉用具が　必要な理由 |  | | | | | | | | | | | | | | | | | | 添付書類 | □購入する福祉用具ﾊﾟﾝﾌﾚｯﾄ等の写し　　　□請求書　　　　□領収証（被保険者名義）  □受領委任払同意書　　　□介護保険福祉用具購入費に係る福祉用具購入費用額兼確認書 | | | | | | | | | | | | | | | | | | 茨城町長　宛  　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します。  　なお，当該申請に基づく受領に関する権限については，下記の事業者に委任します。  年　　月　　日  申請者　住所  氏名　　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | 上記の委任について承諾しますので，居宅介護（介護予防）福祉用具購入費を受領委任払い登録口座に振り込んでください。  年　　月　　日  事業者所在地  事業者名  代表者名　　　　　　　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | |