**介護保険居宅介護（介護予防）福祉用具購入費支給申請書**

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| フリガナ | |  | | | | | | | | | | | | | | 保険者番号 | | | | | 2  0 | | | | | | | 0 | | 4 | 2 | | 0 | | 7 | | 7 |
| 被保険者氏名 | |  | | | | | | | | | | | | | |
| 被保険者番号 | | | | |  |  | |  | |  | |  | |  |  | |  | |  | |  |
| 生年月日 | | 明治・大正・昭和　　　　　年　　　　　月　　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名  （種目名及び商品名） | | | | | 事業者番号（販売事業者）  製造事業者名及び販売事業者名 | | | | | | | | | | | | | | | 購入金額 | | | | | 購入日 | | | | | | | | | | | | |
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| 福祉用具が  必要な理由 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名取市長　あて  　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。  　令和　　年　　月　　日  申 請 者　　　住 所  （被保険者）  　　　　　　　　氏 名　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※この申請書に領収書及び福祉用具のパンフレット等を添付してください。  ※「福祉用具が必要な理由」については、個々の用具ごとに記入してください。  居宅介護（介護予防）福祉用具購入費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座振込依頼欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 銀　行  信用金庫  信用組合  農　協 | | | | | | | 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 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※口座名義が申請者（被保険者）本人と異なる場合、委任状が必要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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