別記第4号様式(第8条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 串本町居宅介護福祉用具購入費等受領委任払支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ |  | | | | | | | | | 保険者番号 | | | | | | | 304287 | | | | | | | | | | | | | | | | | | |
| 被保険者  氏　　名 |  | | | | | | | | | 被保険者番号 | | | | | | |  | |  | | |  | |  | |  | |  | |  | |  |  | |  |
| 被保険者個人番号 | | |  | | |  | |  |  | | |  | |  | |  | | | | |  | | | |  | |  | | | |  | | |  | |
| 生年月日 | 年 　　月 　　日生 | | | | | | | | | | | | | | 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 | | | | | | | | 購入金額 | | | | | | | | | 購入年月日 | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | 円 | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | 円 | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | 円 | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | |
| 合計金額 | | 円 | | | | | 自己負担額 | | | | | | 円 | | | | | | | 保険給付額 | | | | | | | | | 円 | | | | | | |
| 販売事業者名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護支援専門員氏名 | | | |  | | | | | | | 所属事業所名 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 串本町長　あて  上記のとおり関係書類を添えて居宅介護福祉用具購入費等の支給を申請します。  　　　　　　　　　　　　　　年　　月　　日  申　請　者　　住 　所  (被保険者)  　氏　 名  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（注意事項）以下の書類を添付してください。

　　　　　　□　利用者が支払った自己負担分の領収書

□　請求書(購入品の内訳がわかるもの)

□　事前承認関係書類一式