**介護保険高額介護サービス費支給申請一覧表（受領委任専用）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保険者番号 | 0 | 1 | | 2 | | 1 | | 3 | | 8 | |  | | | | |
| 保険者名 | 苫小牧市 | | | | | | | | | | | | | | | |
| 事業所名 |  | | | | | | | | | | | | | | | |
| 担当者名・連絡先 | ℡ | | | | | | | | | | | | | | | |
| 事業所番号 |  | |  | |  | |  | |  | |  | |  |  |  |  |

提出日　　　　　　　　年　　　月　　　日

提出件数　　　　　　　　　　件

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 被保険者番号 | | | | | | | | | | 氏　　名 | 提供月 | 利用者負担額 | 上限額 | 支給額 |
| １ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ３ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ４ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ５ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ６ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ７ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ８ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ９ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| １０ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| １１ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| １２ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保険者番号 | 0 | 1 | | 2 | | 1 | | 3 | | 8 | |  | | | | |
| 保険者名 | 苫小牧市 | | | | | | | | | | | | | | | |
| 事業所名 |  | | | | | | | | | | | | | | | |
| 担当者名・連絡先 | ℡ | | | | | | | | | | | | | | | |
| 事業所番号 |  | |  | |  | |  | |  | |  | |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 被保険者番号 | | | | | | | | | | 氏　　名 | 提供月 | 利用者負担額 | 上限額 | 支給額 |
| １３ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| １４ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| １５ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| １６ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| １７ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| １８ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| １９ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２０ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２１ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２２ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２３ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２４ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |

**介護保険高額介護サービス費支給申請一覧表（受領委任専用）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保険者番号 | 0 | 1 | | 2 | | 1 | | 3 | | 8 | |  | | | | |
| 保険者名 | 苫小牧市 | | | | | | | | | | | | | | | |
| 事業所名 |  | | | | | | | | | | | | | | | |
| 担当者名・連絡先 | ℡ | | | | | | | | | | | | | | | |
| 事業所番号 |  | |  | |  | |  | |  | |  | |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 被保険者番号 | | | | | | | | | | 氏　　名 | 提供月 | 利用者負担額 | 上限額 | 支給額 |
| ２５ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２６ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２７ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２８ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ２９ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ３０ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ３１ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ３２ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ３３ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ３４ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ３５ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |
| ３６ | 0 | 0 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |