**様式第七の二**（附則第二条関係）

介護予防支援介護給付費明細書

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| 介護予防  支援事業者 | 事業所  番号 |  |  |  |  |  |  |  |  |  |  | 所在地 | 〒 |  | |  | |  | | － |  |  |  |  |  |
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| 事業所  名称 |  | | | | | | | | | |
| 連絡先 | 電話番号 | | | | | | | | | | | | |
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| 項番 | 被保険者 | 被保険者番号 | |  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | (フリガナ）  氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | 1．男 2．女 | | | | | | | |
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|  | 公費受給者番号 | | | | | | |  | | |  | |  | | |  | |  | | |  | | |  |
| 生年  月日 | 1．明治 2．大正 3．昭和 | | | | | | | | | | | | | | | | | | | | | | | 要介護  状態区分 | | | | 要支援１・  要支援２ | | | | | | | 認定  有効期間 | | | | | | | 1. 平成  2. 令和 | | | |  | |  | 年 | |  | | |  | | 月 |  | |  | | 日 | | から |
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| 担当介護支援  専門員番号 | |  | |  | |  | |  | | | | |  | | |  | |  | | |  | | | サービス計画  作成依頼  届出年月日 | | | | 1. 平成  2. 令和 | | |  | |  | | | 年 | |  | | |  | | | 月 |  | | |  | | 日 | | |  | | | | | | | | | | |
| 給付費明細欄 | サービス内容 | | | | | | | | | サービスコード | | | | | | | | | | | | | | | 単位数 | | | | | 回数 | | | サービス単位数 | | | | | | | | | | | 摘要 | | | | | | | サービス単位数合計 | | | | | | | | | | | | | |
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| 項番 | 被保険者 | 被保険者番号 | |  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | (フリガナ）  氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | 1．男 2．女 | | | | | | | |
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|  | 公費受給者番号 | | | | | | |  | | |  | |  | | |  | |  | | |  | | |  |
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| 給付費明細欄 | サービス内容 | | | | | | | | | サービスコード | | | | | | | | | | | | | | | 単位数 | | | | | 回数 | | | サービス単位数 | | | | | | | | | | | 摘要 | | | | | | | サービス単位数合計 | | | | | | | | | | | | | |
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