住宅改修・福祉用具購入償還払請求書

森町長　　　　様

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 支給種別  （該当項目に○） |  | 居宅介護住宅改修費 | | | | | | | | | | | | | | | | | | | |
|  | 介護予防住宅改修費 | | | | | | | | | | | | | | | | | | | |
|  | 居宅介護福祉用具購入費 | | | | | | | | | | | | | | | | | | | |
|  | 介護予防福祉用具購入費 | | | | | | | | | | | | | | | | | | | |
| 提供年月 | 年　　　　　月 | | | | | | | | | | | | | | | | | | | | |
| 被保険者番号 |  | |  |  | |  | |  | | |  | | |  | | |  | |  | |  |
| 被保険者住所 |  | | | | | | | | | | | | | | | | | | | | |
| 被保険者氏名 |  | | | | | | | | | | | | | | | | | | | | |
| 購入品名又は  改修内容 |  | | | | | | | | | | | | | | | | | | | | |
| 実費用額 | 円 | | | | | | | | | | | | | | | ※購入額又は改修額 | | | | | |
| 給付対象費用額 | 円 | | | | | | | | | | | | | | | ※給付対象額 | | | | | |
| 自己負担額 | 円 | | | | | | | | | | | | | | | ※１～３割 | | | | | |
| 請求額（給付額） | 円 | | | | | | | | | | | | | | | | | | | | |
| 受取方法 |  | | 口座振込 | | |  | | | 窓口払 | | | | (窓口払の理由) | | | | | | | | |
| 振込先 | 金融機関名 | | | | | | | | | | | | 支店名 | | | | | | | | |
| 口座種別 | | | | 普通　・　当座　・　その他（　　　　） | | | | | | | | | | | | | | | | |
| 口座番号 | | | |  | |  | | |  | |  | | |  | | |  | |  | |
| フリガナ | | | |  | | | | | | | | | | | | | | | | |
| 口座名義 | | | |  | | | | | | | | | | | | | | | | |

上記のとおり請求します。

請求印

　　　　　年　　　月　　　日

住　　所

氏　　名