様式第５４号の３(第７０条の６関係)

(申立人→上三川町)

介護（予防）給付費及び介護予防・日常生活支援総合事業費過誤申立書

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　下記の介護（予防）給付費及び介護予防・日常生活支援総合事業費について、過誤を申し立てします。　　　　　　年　　月　　日

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| 被保険者番号  被保険者氏名 | | | | | | | | | | サービス提供年月 | 申立事由コード | | | | 申立事由 |
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