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| 事業者番号 |  |  |  |  |  |  |  |  |  |  |
| 事業者名 |  | | | | | | | | | |
| 所在地 |  | | | | | | | | | |
| 連絡先 | 電話 | | | | | | | | | |
| 担当者名 |  | | | | | | | | | |

**介護給付費過誤申立書**

**狭山市長　宛**

**下記の介護給付費について、過誤を申し立てます。（　通常　・　同月　）**

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| **証記載保険者番号** | | | | | | **被保険者番号**  **被保険者氏名** | | | | | | | | | | **サービス提供年月** | **請求単位数** | | | | | | **特定入所者介護費等**  **（旧：食事提供費）** | | | | | **申立事由コード** | | | | **申立事由** |
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