指定介護予防支援提供証明書

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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 |
| 単位数単価 |  |  |  |  | （円／単位） |

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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 |  |  |  | 年 |  |  | 月 |  |  | 日 | から |
|  |  | 年 |  |  | 月 |  |  | 日 |  |  |  | 年 |  |  | 月 |  |  | 日 | まで |
| 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 |  |  |  | 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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|  | 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 |  |  |  | 年 |  |  | 月 |  |  | 日 | から |
|  |  | 年 |  |  | 月 |  |  | 日 |  |  |  | 年 |  |  | 月 |  |  | 日 | まで |
| 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 |  |  |  | 年 |  |  | 月 |  |  | 日 | 　 |
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