**介護給付費過誤取り下げ依頼書**

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| 事業所名 |  |
| 所在地 |  |
| 担当者名 |  |

西目屋村長　殿

　　　年　　　月　　　日

下記の介護給付について、過誤の取下げを依頼します。

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| 事業者番号 | | | | | | | | | | 被保険者番号 　　 被保険者氏名 | | | | | | | | | | サービス提供月 | サービスの種類 | 申立事由コード | | | | 申立事由 |
| 様式番号 | | 申立理由番号 | |
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