様式第21号(第2条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 介護保険負担限度額差額支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (　　　　年　　月) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ﾌﾘｶﾞﾅ  被保険者氏名 | | | |  | | | | | | | | | | | | | | | | | | | 保険者番号 | | | | |  | | | |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | 被保険者番号 | | | | |  |  |  |  |  |  |  |  |  |  |
| 個人番号 | | | |  |  | |  | |  |  | |  |  | |  | |  | |  |  | |  |
| 生年月日 | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 住所 | | | | 〒 | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | |
| 支払った  標準負担額等 | | | | 支払った期間 | | | | | | | | | | | | 年　　月　　日～　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | |
| 支払った標準負担額 | | | | | | | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | |
| サービスの提供を受けた介護保険施設等  の所在地及び名称 | | | | | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 既に減度額認定証の交付を受けている方のみ記入 | | | | | | | | 交付年月日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | |
| 適用年月日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | |
| 減度額認定証の交付申請又は証を提出できなかった理由 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (宛先)  輪島市長  　　上記のとおり関係書類を添えて負担限度額の差額の支給を申請します。  　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者 | | 住所  氏名 | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | |
| 注意・この申請書の裏面に領収証を添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☆　負担限度額の差額を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 口座振替  依頼欄 | | 銀行  信用金庫  信用組合  農業協同組合 | | | | | | | | | | | | | | | | 本店  支店  出張所 | | | | | | | | 種目 | | | | | 口座番号 | | | | | | |  |
| 1普通預金  2当座預金  3その他 | | | | |  |  |  |  |  |  |  |
| 金融機関コード | | | | | | | | | | | | | | | | 店舗コード | | | | | | | |
|  | | | |  | | | |  | | | |  | | | |  | | |  | | |  | |
| ﾌﾘｶﾞﾅ  口座名義人 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市記入欄(記入しないでください。) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 領収書  確認欄 | | 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |