**様式第七の三**（附則第二条関係）

サービス提供証明書

（介護予防ケアマネジメント費）

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| 被保険者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  |  | 請求事業者 | 事業所番号 |  |  |  |  |  |  |  |  |  |  |
| (ﾌﾘｶﾞﾅ)氏名 |  | 事業所名称 |  |
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| 所在地 | 〒 |  |  |  | － |  |  |  |  |  |
| 生年月日 | 1.明治　2.大正　3.昭和 | 性別 | 1．男　2．女 |  |
|  |  | 年 |  |  | 月 |  |  | 日 |
| 要支援状態区分 | 事業対象者・要支援１・要支援２ |
| 認定有効期間 |  |  |  | 年 |  |  | 月 |  |  | 日 | から | 連絡先 | 電話番号 |
|  |  |  | 年 |  |  | 月 |  |  | 日 | まで |

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| 事業費明細欄 | 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 | 公費分回数 | 公費対象単位数 | 摘要 |
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| (住所地特例対象者) 事業費明細欄 | 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 | 公費分回数 | 公費対象単位数 | 施設所在保険者番号 | 摘要 |
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| 請求額集計欄 | 区分 | 事業分 | 公費分 |
| ①サービス単位数合計 |  |  |  |  |  |  |  |  |  |  |  |  |
| ②単位数単価 |  |  |  |  | 円／単位 |  |
| ③給付率 |  |  |  |  | ／100 |
| ④事業費請求額（円） |  |  |  |  |  |  |  |  |  |  |  |  |

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