**請求年月日　　令和　　年　　月　　日**

**四国中央市長　様**

**住　　　所**

**事業所名称**

**代表者氏名　　　　　　　　　　　　　　　印**

**（　　　　）月請求分 要介護認定訪問調査請求書**

**一金　　　　　　　　　　円也**

**＜実　績＞　　　　　　　　　　　　　　　　　　　　　　（　　　枚中　　　枚）**

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| **調査日** | **対象者氏名** | **住　　　　　　　　　所** |
| **生年月日** | **被　保　険　者　番　号** |
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**認定調査1件あたり　3,000円 × 件数　　　件 ＝　　　　　　円（消費税を含む）**

**要介護認定訪問調査委託料として、上記の通り請求します。**

**別　紙（　　　枚中　　　枚）**

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| **調査日** | **対象者氏名** | **住　　　　　　　　　所** |
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**別　紙（　　　枚中　　　枚）**

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