様式第５号（第８条関係）

介護保険居宅介護（介護予防）福祉用具購入費支給申請書（受領委任払用）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| フリガナ | | |  | | | | | | | | | | | | 保険者番号 | | | | | | | | |  | | | | | | | | | | | |  | | |  | |  | |  | | |  | | |  |
| 被保険者氏名 | | |  | | | | | | | | | | | | 被保険者番号 | | | | | | | | |  | |  | | | | |  | | |  | |  | | |  | |  | |  | | |  | | |  |
| 個人番号 | | | | |  |  | | | |  | |  | | |  | | | |  | |  | | |  | |  | |  | | |  | | |  |
| 生年月日 | | | 年　　　月　　　日 | | | | | | | | | | | | 要介護度等 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 認定有効期間 | | | 年　　　月　　　日　～　　　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 福祉用具名  （種目及び商品名） | | | | | 特定福祉用具販売  事業者指定番号 | | | | | | 製造業者名及び  販売事業者名 | | | | | | | | 購入金額 | | | | | | | | | | | | | | | | | | 購入日 | | | | | | | | | | | | |
| （ＴＡＩＳコード　　　　　　 ） | | | | |  | | | | | |  | | | | | | | | 円 | | | | | | | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | |
| （ＴＡＩＳコード　　　　　　 ） | | | | |  | | | | | |  | | | | | | | | 円 | | | | | | | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | |
| （ＴＡＩＳコード　　　　　　 ） | | | | |  | | | | | |  | | | | | | | | 円 | | | | | | | | | | | | | | | | | | 年　月　日 | | | | | | | | | | | | |
| 福祉用具が  必要な理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 熱海市長　　あて  　上記のとおり関係書類を添えて居宅介護（介護予防）福祉用具購入費の支給を申請します。  　　　　年　月　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者  （受領委任事業所） | | | | | 所 在 地  事業者名  代表者名 | | | | | | | | | | | | | 事業所番号  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上記の事業所に居宅介護（介護予防）福祉用具購入費の請求及び受領を委任します。  被保険者氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注意　・この申請書に領収書、福祉用具のパンフレット等を添付してください。  ・「福祉用具が必要な理由」については、個々の福祉用具ごとに記入してください。  ・欄内の記入が困難な場合は、別紙に記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 給付費を下記の口座に振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座振込  依頼欄 | 銀　　行  信用金庫  農　　協  （　　　） | | | | | | 本　店  支　店  （　　） | | | | | | | | 種目 | | | | | | | 口座番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金融機関コード | | | | | | 店舗コード | | | | | | | | １　普　通  ２　当　座  ３　その他  （　　　） | | | | | | |  | | | | | | |  | | | |  | | | | |  | |  | | | |  | | |  | | |
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| ゆうちょ銀行 | | | | | | 記号 | |  |  | | |  |  | |  |  | | 番号 | | | |  | | | | |  | | | |  | | |  | |  | | | | |  | | |  | | |  | |
| フリガナ | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |