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| **福祉用具購入費事前確認書**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ﾌﾘｶﾞﾅ  被保険者氏名 | | |  | | | | | 保険者番号 | |  | | | | | 3 | 8 | 4 | 0 | 1 | 6 | |  | | | | | | 被保険者番号 | |  |  |  | |  |  |  |  |  |  |  | | 生　年　月　日 | | | 明・大・昭　　年　　月　　日生 | | | | | 性　別 | | 男　・　女 | | | | | | | | | | | | 住　　所 | | | 〒  　　　　　　　　　　　　　　　　　　　電話番号 | | | | | | | | | | | | | | | | | | | 居宅介護支援事業所  等名 | | | |  | | | | 介護支援専門員等氏名 | | | |  | | | | | | | | | | 福　祉　用　具　名  （種目名及び商品名） | | | | | 製造事業者名及び  販売事業者名 | | | 見　積　金　額 | | | | 購入予定月 | | | | | | | | | |  | | | | |  | | | 円 | | | | 年　　月 | | | | | | | | | |  | | | | |  | | | 円 | | | | 年　　月 | | | | | | | | | |  | | | | |  | | | 円 | | | | 年　　月 | | | | | | | | | | 福祉用具が  必要な理由 | |  | | | | | | | | | | | | | | | | | | | | 松前町長　　　　　　　　　様  上記のとおり関係書類を添えて福祉用具購入費の事前確認を申請します。  　　　　年　　月　　日  　　　　住　所  申請者　　　　　　　　　　　　　　　　　　　　　電話番号  　　　　　　 氏　名　　　　　　　　　　　　　　被保険者本人との関係（　　　　　） | | | | | | | | | | | | | | | | | | | | | | 注意・この申請書の裏面に、見積書及び福祉用具のパンフレット等を添付して下さい。   1. 「福祉用具が必要な理由」については、個々の用具ごとに記載して下さい。欄内に記載が困難な場合は、裏面に記載して下さい。   松前町記入欄 | | | | | | | | | | | | | | | | | | | | | | 要介護度 | 受給資格 | | | | | 品　目 | 今年度の給付 | | 給付制限 | | | | 備　　考 | | | | | | | | |  | 有  　　無 | | | | | 対象品目  対象外品目 | 有（　　　　　　円）  　　　　無 | | 有  　　無 | | | |  | | | | | | | | |