**受領委任払対象者明細**

様式番号

様式番号

事業者番号：　　　　　　　　　　事業者名称：

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| --- | --- | --- | --- | --- | --- | --- |
| 被保険者番号  被保険者氏名 | サービス提供年月 | 受付年月日  決定年月日 | 支給  可否 | 本人支払額 | 支給金額 | **固定文言１**  備考 |
|  |  |  |  |  |  | **固定文言２＋編集１** |
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**自由記載１**

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