様式第4号(第5条関係)

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| 介護保険住所地特例施設入所・退所連絡票  年　　月　　日  　大津町長　様  介護保険施設　　　　印 | | | | | | | | | | | | | | | | | | | | | | | |
| 次の者が下記の施設 | | | | | に入所  ・  を退所 | | | | しましたので、連絡します。 | | | | | | | | | | | | | | |
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|  | 入所・退所年月日 | | 年　　月　　日 | | | | | | | | | | | |  | | | | | | | | |
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|  | 被保険者 | 被保険者番号 |  |  | |  |  |  | |  |  |  |  |  |  | | | | | | | | |
| フリガナ |  | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | 生年月日 | | 年　　月　　日 | | | | | |  |
| 性別 | | 男・女 | | | | | |
| 入所前住所 | 〒 | | | | | | | | | | | | | | | | | | | |
| 退所後住所  ＊1 | 〒 | | | | | | | | | | | | | | | | | | | |
| 退所理由 | 1　他の介護保険施設入所　　2　死亡　　3　その他 | | | | | | | | | | | | | | | | | | | |
| ＊1　死亡退所の場合は記載不要 | | | | | | | | | | | | | | | | | | | | | | | |
|  | 保険者名 | |  | | | | | | | | | | | | 保険者番号 |  | |  |  |  |  |  |  |
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|  | 施設 | 名称 |  | | | | | | | | | | | | | | | | | | | |  |
| 電話番号 |  | | | | | | | | | | | | | | | | | | | |
| 所在地 | 〒 | | | | | | | | | | | | | | | | | | | |
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