**介護給付費過誤申立書(通常過誤・同月過誤)**

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| 依  頼  事  業  者 | 事業所番号 |  |  |  |  |  |  | |  |  |  |  |
| 事業所名称 |  | | | | | | | | | | |
| 所　在　地 |  | | | | | | | | | | |
| 連　絡　先 | (電話番号） | | | | | | (担当者名) | | | | |

(あて先)

北広島町長　様

下記の介護給付費について、過誤を申し立てます。

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