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| 介護保険適用除外施設 入所・退所 連絡票    令和 　 年　 月 　 日  みよし広域連合長　様  　　　　　　　　　　　　　　　　　　　　届出者  に入所  次の者が下記の施設 ・ しましたので連絡します。  を退所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所・退所年月日 | | | | | | 令和　 年 月 日 | | | | | | | | | | |
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|  | 被  保  険  者 | 被保険者番号 | | | |  | |  |  |  |  |  |  |  |  |  | | |  | | | | | | | | | | | |
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| 氏 名 |  | | | | | | | | | | | | | | | | | 生年月日 | | 明・大・昭 　　年 月 日 | | | | | | | |  |
| 性 別 | | 男 ・ 女 | | | | | | | |
| 入所前住所 | 〒　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | １ 他の介護保険施設 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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