介護保険居宅介護（予防）福祉用具購入費支給事前申請書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| フリガナ | |  | | | 保険者番号 | | | |  | | | | | | | ２ | ０ | | ２ | ２ | | ０ | ０ |
| 被保険者氏名 | |  | | | 被保険者番号 | | | | ０ | | ０ | ０ | |  | |  |  | |  |  | |  |  |
| 生年月日 | | | | 年　　　月　　　日 | | | | | | | | | | | | | | |
| 要介護度等 | |  | | | 認定有効期間 | | | | ～ | | | | | | | | | | | | | | |
| 住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | |
| 購入したい  福祉用具の  情報 | | 製品名 | |  | | | | | | | | | | | | | | | | | | | |
| 製造事業者名 | |  | | | | | | | | | | | | | | | | | | | |
| 当該福祉用具が必要な身体の状況 | |  | | | | | | | | | | | | | | | | | | | | | |
| 購入を選択  した理由 | |  | | | | | | | | | | | | | | | | | | | | | |
| （添付書類）  ・購入する福祉用具の情報が確認できる書類（商品のカタログ等）  ・福祉用具サービス計画書 | | | | | | | | | | | | | | | | | | | | | | | |
| 審査結果  の連絡先 | 担当者氏名 | |  | | | | | 電話番号 | | | | |  | | | | | | | | | | |
| 事業所名  及び住所 | |  | | | | | | | | | | | | | | | | | | | | |
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| 安曇野市記入欄 | | | | | | | | | | | | | | | | | | | | | | | |
| 年　　　月　　　日　　上記内容の給付を（　可　・　不可　）としたい。 | | | | | | | | | | | | | | | | | | | | | | | |
| （給付不可の場合はその理由を記入） | | | | | |  |  | | |  | | | | | | | |  | | |  | | |
|  | 課長 | | | 係長 | | | | | 係 | | | | | | 担当 | | |
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