**様式第二の三**（附則第二条関係）

サービス提供証明書

（訪問型サービス費・通所型サービス費・その他の生活支援サービス費）

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| 公費負担者番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | 年 |  |  | 月分 | |
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| 被保険者 | 被保険者  番号 |  | | |  | | |  | | |  | | |  | | | |  | |  | | |  | |  | |  | |  | 請求事業者 | 事業所  番号 |  | |  | | |  | | |  | | |  | |  |  |  |  |  |
| (ﾌﾘｶﾞﾅ)  氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 事業所  名称 |  | | | | | | | | | | | | | | | | | |
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| 要支援  状態区分等 | 事業対象者・要支援１・要支援２ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 認定有効  期間 |  | |  | | |  | | | 年 | | |  | | |  | | | 月 | |  | | |  | | 日 | | から | 連絡先 | 電話番号 | | | | | | | | | | | | | | | | | |
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| 介護予防  サービス  計画 | ３．介護予防支援事業者・地域包括支援センター作成 | | | | | | | | | | | | |
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| 事業費明細欄 | サービス内容 | サービスコード | | | | | | 単位数 | | | | 回数 | | サービス単位数 | | | | | | 公費分回数 | | 公費対象単位数 | | | | | | 摘要 |
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| (住所地特例  対象者)  事業費明細欄 | サービス内容 | サービスコード | | | | | | 単位数 | | | | 回数 | | サービス単位数 | | | | | | 公費分回数 | | 公費対象単位数 | | | | | | 施設所在  保険者番号 | 摘要 |
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| 請求額集計欄 | ①サービス種類コード  ／②名称 |  |  |  | | | |  |  |  | | | |  |  |  | | | |  |  |  | | | |  | | | | | | | | |
| ③サービス実日数 |  |  | 日 | | | |  |  | 日 | | | |  |  | 日 | | | |  |  | 日 | | | |
| ④計画単位数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑤限度額管理対象単位数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑥限度額管理対象外単位数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 給付率（/100） | | | | | | | | |
| ⑦給付単位数（④⑤のうち少ない数）＋⑥ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 事業 | | | |  | |  | |  |
| ⑧公費分単位数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 公費 | | | |  | |  | |  |
| ⑨単位数単価 |  |  |  |  | 円／単位 | |  |  |  |  | 円／単位 | |  |  |  |  | 円／単位 | |  |  |  |  | 円／単位 | | 合計 | | | | | | | | |
| ⑩事業費請求額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |
| ⑪利用者負担額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |
| ⑫公費請求額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |
| ⑬公費分本人負担 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |

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| 社会福祉  法人等に  よる軽減  欄 | 軽減率 | |  |  |  |  | ％ | 受領すべき利用者  負担の総額（円） | | | | | | 軽減額（円） | | | | | | 軽減後利用者  負担額（円） | | | | | | 備考 |
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