様式１

〈施設名〉

社会福祉法第２条に基づく介護老人保健施設の利用料減免について

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| --- | --- | --- | --- | --- | --- |
| 被保険者  番号 | 利用者 | 利用年月 | 一部負担金 | 減免額 | 減免後の  一部負担額 |
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