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| 個人番号 |  | | |  |  | |  | | |  |  | |  | |  |  | |  | |  |  | | 被保険者番号 | | | |  | |  |  |  |  |  | |  |  |  |  |
| フリガナ |  | | | | | | | | | | | | | | | | | | | | | |
| 被保険者  氏名 |  | | | | | | | | | | | | | | | | | | | | | | 生年月日 | | | | 年　　月　　日 | | | | | | | | | | | |
| 介護予防ケアマネジメントを依頼していた介護予防支援事業者（地域包括支援センター） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地  事業所名  電話番号  （　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介護予防ケアマネジメントの作成依頼を終了する事由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 終了年月日  年　　月　　日付 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 岸和田市長　様  　上記の介護予防支援事業者（地域包括支援センター）との介護予防ケアマネジメントの作成依頼の契約を終了したことを届け出ます。  年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 被保険者 | | 住所  氏名 | | | | | | 電話番号　　　（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 保険者確認欄 | | | * 被保険者資格　　　□　届出の重複 * 介護予防支援事業者（地域包括支援センター）番号 | | | | | | | | | | | | | | | | | | | | | | | | | 確認者 | | | | | | 処理者 | | | | |
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| （備考）　１　この届出書は、介護予防ケアマネジメントの作成依頼の契約を終了したときに、速やかに提出してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

介護予防ケアマネジメント終了届出書