過誤申立て（取下げ）依頼書

（障害福祉サービス・障害児通所給付費等請求）

中野市長　湯本　隆英　様

令和　年　　月　　日

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| 請求事業者 | 事業所番号 |  |
| 事業所名称所在地代表者名 |  |
| 電話番号 |  |

下記の利用者にかかる請求の取下げを依頼します。

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| № | 受給者番号 | 受給者氏名 | サービス提供年月 | 過誤調整前決定額 | 過誤理由 | 再請求予定年月 |
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