様式第25号（第15条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| （表面）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | 介護保険負担限度額認定証 | | | | | | | | | | | | | |  | | | | | 交付年月日　　　　年　月　日 | | | | | | | | | | | | | | | | | | | | | | | 被　保　険　者 | 番　　号 |  | | | |  | |  | | |  | |  | |  |  | | |  |  |  | | 住　　所 | 〒 | | | | | | | | | | | | | | | | | | | | | フリガナ |  | | | | | | | | | | | | | | | | | | | | | 氏　　名 |  | | | | | | | | | | | | | | | | | | | | | 生年月日 | 年　　月　　日 | | | | | | | | | | | | | | | 男・女 | | | | | | 適用年月日 | 年　　月　　日から | | | | | | | | | | | | | | | | | | | | | 有効期限 | 年　　月　　日まで | | | | | | | | | | | | | | | | | | | | | 食費の負担限度額 | | 円 | | | | | | | | | | | | | | | | | | | | | 居住費又は滞在費の負担限度額 | | ユニット型個室　　　　　　　　　　　　　　円  ユニット型個室的多床室　　　　　　　　　　円  従来型個室（特養等）　　　　　　　　　　　円  従来型個室（老健・療養等）　　　　　　　　円  多床室　　　　　　　　　　　　　　　　　　円 | | | | | | | | | | | | | | | | | | | | | 保険者番号並  びに保険者の  名称及び印 | |  | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | |  |  | |  | |  | | | | | | | | |  | | | | | | | | | | | 盛岡北部行政事務組合 | | | | | | | |     （裏面）   |  |  | | --- | --- | | 注　意　事　項  一　この証によって指定介護福祉施設サービス、地域密着型介護老人福  　祉施設入所者生活介護、短期入所生活介護及び介護予防短期入所生活  　介護（この証の表面において「特養等」という。）並びに介護保険施  　設サービス、指定介護療養施設サービス、介護医療院サービス、短期  入所療養介護及び介護予防短期入所療養介護（この証の表面におい  て「老健・療養等」という。）を利用する際に食事の提供を受け、  又は居住若しくは滞在する場合には、この証の表面に記載する負担  限度額が支払いの上限となります。  二　前号に規定するサービスを利用するときは、被保険者証とともに必  　ずこの証を特定介護保険施設等の窓口に提出してください。  三　被保険者の資格がなくなったとき、認定の条件に該当しなくなった  　とき又は負担限度額認定証の有効期限に至ったときは、遅滞なく、こ  　の証を組合に返してください。また、転出の届出をする際には、この  　証を添えてください。  四　この証の表面の記載事項に変更があったときは、十四日以内に、こ  　の証を添えて、組合にその旨を届け出てください。  五　不正にこの証を使用した者は、刑法により詐欺罪として懲役の処分  　を受けます。 | 注　意　事　項  一　この証によって指定介護福祉施設サービス、地域密着型介護老人福  　祉施設入所者生活介護、短期入所生活介護及び介護予防短期入所生活  　介護（この証の表面において「特養等」という。）並びに介護保険施  　設サービス、指定介護療養施設サービス、短期入所療養介護及び介護  　予防短期入所療養介護（この証の表面において「老健・療養等」とい  　う。）を利用する際に食事の提供を受け、又は居住若しくは滞在する  　場合には、この証の表面に記載する負担限度額が支払いの上限となり  　ます。  二　前号に規定するサービスを利用するときは、被保険者証とともに必  　ずこの証を特定介護保険施設等の窓口に提出してください。  三　被保険者の資格がなくなったとき、認定の条件に該当しなくなった  　とき又は負担限度額認定証の有効期限に至ったときは、遅滞なく、こ  　の証を組合に返してください。また、転出の届出をする際には、この  　証を添えてください。  四　この証の表面の記載事項に変更があったときは、十四日以内に、こ  　の証を添えて、組合にその旨を届け出てください。  五　不正にこの証を使用した者は、刑法により詐欺罪として懲役の処分  　を受けます。 | |