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| 介護保険施設　入所・退所　連絡票  　　年　　月　　日  　　阿久根市長　西平　良将　殿  施設名  住　所  電話番号  　　　　　　　　　　　に入所  　次の者が下記の施設　　　　　しましたので、連絡します。  　　　　　　　　　　　を退所     |  |  | | --- | --- | | 入所・退所年月日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被保険者 | 被保険者番号 |  |  |  |  |  |  |  |  |  | |  |  | | | フリガナ |  | | | | | | | | | 住所地特例 | | | 有　・　無 | | 氏　　名 |  | | | | | | | | | 生年月日 | | |  | | 性　別 | | | 男　・　女 | | 入所前住所 | 〒 | | | | | | | | | | | | | | 退所後住所  \*１ |  | | | | | | | | | | | | | | 退所理由 | １ 他の介護保険施設入所　 ２ 死亡　 ３ その他（　　　　　　） | | | | | | | | | | | | |   　\*１死亡退所の場合は記載不要   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 保険者名 | 阿久根市 | 保険者番号 | ４ | ６ | ２ | ０ | ６ | ９ |  |  |  |  | | --- | --- | --- | | 施　設 | 名称 |  | | 電話番号 |  | | 所在地 |  | |