様式第9号(第2条関係)

介護券交付処理簿

　(　　年　　月分)

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| 受給者番号 | 交付年月日 | 受給月 | ケース番号 | 保険者番号 | 被保険者番号 | 受給者氏名 | 住所 | 介護機関名 | 介護機関コード | サービス種類別 | 単独・併用 | 有効期間 | 本人支払額 | 交付職員印 | 備考 |
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