様式第１号（第４条関係）

西海市介護保険居宅介護（介護予防）福祉用具購入費受領委任状

　　　　　　年　　　　月　　　　日

西海市長　様

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 委任者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  |
| 住所 | 西海市　　　　　　　町 | | | | | | | | | |
| 被保険者名 | ㊞ | | | | | | | | | |

保険給付費の代理受領に関する一切の権限については下記の者に委任します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受任者 | 住所 | | | | | 〒　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者名 | | | | | ㊞ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者  コード | | | | |  | | |  | | | |  | | |  | | |  | | | |  | | | |  | | | | |  | | |  | | |  | |
| 代表者名 | | | | | ㊞ | | | | | | | | | | | | | | | | 電話 | | | | | | | | （　　　）　　　－ | | | | | | | | | |
| 振込先 | 金融機関  コード | | | | | 店舗  コード | | | | | | 金融機関名 | | | | | | | | | | | | | | 店舗名 | | | | | | | | | | | | | |
|  |  |  |  | |  |  | | |  | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 口座種別 | | | | | | | | | | | 口座番号（右詰め） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ０１：普通 | | | | ０２：当座 | | | | | | |  | | |  | | | | |  | | | |  | | | | |  | | | |  | | | |  | | |
| 口座名義人 | | | | | （フリガナ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ゆうちょ銀行の場合 | | | | | 記号　（５桁） | | | | | | | | | | | | 番号　（８桁） | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | |  | | |  |  | | |  | | | |  | | |  | | |  | | |  | |  | | |  |

【注意】

1. 福祉用具購入の給付費の支給については、購入後、支給申請の受付をした月の翌月末に支給されます。
2. 福祉用具購入の給付費の支給には、購入後、被保険者本人が居宅生活を送っていることが条件になりますので、施設入所・入院をされている場合は支給要件に該当しません。