

生保請求台帳

電話：\_\_\_\_\_

請求  
年月日： \_\_\_\_\_ 請求No. \_\_\_\_\_ 地域名： 堺地域 \_\_\_\_\_ 氏名： \_\_\_\_\_

|    | 施術月 | 福祉事務所名 | 患者氏名 | 請求金額 | 施術 | 回数 | 備考 |
|----|-----|--------|------|------|----|----|----|
| 1  |     |        |      |      |    |    |    |
| 2  |     |        |      |      |    |    |    |
| 3  |     |        |      |      |    |    |    |
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| 10 |     |        |      |      |    |    |    |
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| 14 |     |        |      |      |    |    |    |
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| 17 |     |        |      |      |    |    |    |
| 18 |     |        |      |      |    |    |    |
| 19 |     |        |      |      |    |    |    |
| 20 |     |        |      |      |    |    |    |

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| 合計<br>件数 | 件 | 合計<br>請求金額 | 円 | 合計<br>回数          |
|          |   |            |   | 鍼灸<br>マ<br>鍼<br>灸 |