第40号様式の２(第13条関係)

利用者負担上限額管理結果票

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|  |  |  |  | 年 |  |  | 月分 |

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| 市町村番号 |  |  |  |  |  |  |  | | | |  | 管理事業者 | 指定事業所番号 |  |  |  |  |  |  |  |  |  |  |
| 受給者証番号 |  |  |  |  |  |  |  |  |  |  | 事業所及びその事業所の名称 |  | | | | | | | | | |
| 支給決定障害者等氏名 |  | | | | | | | | | |
| 支給決定に係る障害児氏名 |  | | | | | | | | | |

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| 利用者負担上限月額 |  |  |  |  |  |

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| 利用者負担上限額管理結果 |  |  |
| 1　管理事業所で利用者負担額を充当したため、他事業所の利用者負担は発生しない。  　　　2　利用者負担額の合算額が、負担上限月額以下のため、調整事務は行わない。  　　　3　利用者負担額の合算額が、負担上限月額を超過するため、下記のとおり調整した。 | | |

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| 利用者負担額集計・調整欄 | 項番 |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| 事業所番号 |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| 事業所名称 |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| 総費用額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 利用者負担額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 管理結果後利用者負担額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 利用者負担額集計・調整欄 | 項番 |  | | | | | |  | | | | | |  | | | | | |  | | | | | | 合計 | | | | | |
| 事業所番号 |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| 事業所名称 |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| 総費用額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 利用者負担額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 管理結果後利用者負担額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

　　　　　　　　　　　　　　　　上記内容について確認しました。

　　　　　　　　　　　　　　　　　　　　　　年　　　月　　　日

支給決定障害者等氏名　　　　　　　　　　印