**利用実績一覧票（総括票）**

**（　　　　年度第　　分）**

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| 受給者番号 | 患者名 | 請　求　金　額 |
| サービス費用 | 手数料 | 計 |
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| 合計 |  |  |  |  |

* 手数料は難病患者在宅介護支援事業（介助人派遣事業）に限る。