様式第５―２号

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| |  |  | | --- | --- | | 介護保険 | 給付内訳書 |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 下記被害者に対して、 | | 介護保険 | | の保険給付を次のとおり行ったので、 | | | | | | | 自動車損害賠償保障法施行令第３条第２項に規定する書類として送付する。 | | | | | | | | | | |  | | | | | | | | | | | 被害者 |  | | 事業所等名称 | | | | 別添のとおり | | | | 事故年月日 |  | | | 自動車保険証明番号 |  | | 加害者名 | | | |  | | | | 管轄店又は共済連 |  | | 保険契約者又  は共済契約者 | | | |  | | | | 保険給付額 | | | | | | | | （第　　回） | | | 種別 | 金額（円） | | | | 備　考 | | | | | | 療養(医療)の給付  介護給付費 |  | | | |  | | | | | | 入院食事療養費 |  | | | |  | | | | | | 高額療養費  高額介護サービス費 |  | | | |  | | | | | | 療養費(医療費)の支給 |  | | | |  | | | | | | 傷病手当金 |  | | | |  | | | | | | 葬祭費 |  | | | |  | | | | | | 合計 |  | | | |  | | | | | |  |  | |  | | | | | |  | |  |  | |  | | | | | |  | | 前回までの通知額 |  | | 連絡  事項 | | |  | | | | | 累計 |  | |  |  |  |  | | --- | --- | --- | |  | 年　　月　　日 | | | 保険者名 |  |  | | 代表者 |  |  |   （治療完了）  （治療継続中） |

（注）１　療養(医療・介護)の給付費については、診療報酬請求明細書・介護給付実績の写しを添付すること。

　　　２　第２回目以降は、傷病名欄の記載を省略すること。