**様式第九**（附則第二条関係）

施設サービス等介護給付費明細書

（介護保健施設サービス）

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| 公費負担者番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 平成 | |  |  | 年 |  |  | 月分 | |
| 公費受給者番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 被保険者 | 被保険者  番号 |  | | |  | | |  | | |  | | |  | | | |  | |  | | |  | |  | |  | |  | 請求事業者 | 事業所  番号 |  | |  | | |  | | |  | | |  | |  |  |  |  |  |
| (ﾌﾘｶﾞﾅ)  氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 事業所  名称 |  | | | | | | | | | | | | | | | | | |
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| 所在地 | 〒 |  | |  |  | | － |  | |  |  | |  |  | | | | |
| 生年月日 | 1.明治　2.大正　3.昭和 | | | | | | | | | | | | | | | | | 性別 | | | 1．男　2．女 | | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  | | | 年 |  | |  | | | 月 |  | |  | | 日 | |
| 要介護  状態区分 | 要介護1・2・3・4・5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 認定有効  期間 | 平成 | |  | | |  | | | 年 | | |  | | |  | | | 月 | |  | | |  | | 日 | | から | 連絡先 | 電話番号 | | | | | | | | | | | | | | | | | |
| 平成 | |  | | |  | | | 年 | | |  | | |  | | | 月 | |  | | |  | | 日 | | まで |

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| 入所  年月日 | 平成 |  |  | 年 |  |  | 月 |  |  | 日 | 退所  年月日 | 平成 |  |  | 年 |  |  | 月 |  |  | 日 | 入所実日数 |  |  | 外泊日数 |  |  |  |
| 主傷病 | | | | |  | | | | | | | | | | | 入所前の状況 | | | 1.居宅　2.医療機関　3.介護老人福祉施設　4.介護老人保健施設  5.介護療養型医療施設　6.認知症対応型共同生活介護　7.特定施設入居者生活介護　8.その他 | | | | | | | | | |
| 退所後の状況 | | | | | 1.居宅　3.医療機関入院　4.死亡　5.その他　6.介護老人福祉施設入所　7.介護老人保健施設入所　8.介護療養型医療施設入院 | | | | | | | | | | | | | | | | | | | | | | | |

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| 給付費明細欄 | サービス内容 | サービスコード | | | | | | 単位数 | | | | 回数  日数 | | サービス単位数 | | | | | 公費分  回数等 | | 公費対象単位数 | | | | | 摘要 |
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| 合計 | | | | | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |

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| 所定疾患施設療養費等 | 所定疾患  施設療養費 | | | | 傷病名 | | | ①  ②  ③ | | | | | | 所定疾患施設  療養開始年月日 | | | | | | | | ①平成  ②平成  ③平成 | |  |  | | 年  年年 |  |  | 月  月  月 |  |  | 日  日  日 | |
| 単位（再掲） | | |  | 単位 |  | | 単位× |  | | |  | | 日 |  | | | | | | | | | | | | | | | |
| 緊急時  治療管理 | | | | 傷病名 | | | ①  ②  ③ | | | | | | 緊急時治療  開始年月日 | | | | | | | | ①平成  ②平成  ③平成 | |  |  | | 年  年年 |  |  | 月  月  月 |  |  | | 日  日  日 |
| 単位（再掲） | | |  | 単位 |  | 単位× | |  | | | |  | 日 |  | | | | | | | | | | | | | | | |
| 特定治療 | ﾘﾊﾋﾞﾘﾃｰｼｮﾝ | | | | |  | | 点 | 摘要 | | | | | | | | | | | | | | | | | | | | | | | | |
| 処置 | | | | |  | | 点 |
| 手術 | | | | |  | | 点 |
| 麻酔 | | | | |  | | 点 |
| 放射線治療 | | | | |  | | 点 |
| 合計 | | | | |  | | 点 |
| 往診日数 | | |  |  | | 医療  機関名 | | |  | | | | | | 通院日数 | | | | |  |  | | 医療  機関名 | | |  | | | | | | | | |

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| 特別療養費 | 傷病名 | |  | | | | | | | | | | | | | | | | | | | |
| 識別番号 | | 内容 | 単位数 | | | | 回数 | | 保険分単位数 | | | | | 公費回数 | | 公費分単位数 | | | | | 摘要 |
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| 請求額集計欄 | 区分 | 保険分 | | | | | | 公費分 | | | | | | 保険分特定治療・特別療養費 | | | | | | 公費分特定治療・特別療養費 | | | | | |
| ①点数・単位数合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ②点数・単位数単価 |  |  |  |  | 円／単位 | |  | | | | | | 10円／点・単位 | | | | | | 10円／点・単位 | | | | | |
| ③給付率 |  |  |  | ／100 | | |  |  |  | ／100 | | |  |  |  | ／100 | | |  |  |  | ／100 | | |
| ④請求額（円） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑤利用者負担額（円） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 特定入所者  介護サービス費 | サービス内容 | サービスコード | | | | | | 費用単価(円) | | | | 負担限度額 | | | | 日数 | | 費用額(円) | | | | | | 保険分 | | | | | | 公費日数 | | 公費分 | | | | | | 利用者負担額 | | | | | | | | |
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| 合計 | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  | | | | | |  | |  |  |  |  |  |  |  |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | 保険分  請求額(円) | | | | | |  |  |  |  |  |  | 公費分  請求額 | |  |  |  |  |  |  | 公費分本人負担月額 | | | | | | | | |
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