サービス提供証明書

（訪問介護・訪問入浴介護・訪問看護・訪問リハ・居宅療養管理指導・通所介護・通所リハ・福祉用具貸与・

定期巡回・随時対応型訪問介護看護・夜間対応型訪問介護・地域密着型通所介護・認知症対応型通所介護・小規模多機能型居宅介護・複合型サービス）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 公費負担者番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | 年 |  |  | 月分 | |
| 公費受給者番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 保険者番号 | | |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 被保険者 | 被保険者  番号 |  | | |  | | |  | | |  | | |  | | | |  | |  | | |  | |  | |  | |  | 事業者 | 事業所  番号 |  | |  | | |  | | |  | | |  | |  |  |  |  |  |
| (ﾌﾘｶﾞﾅ)  氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 事業所  名称 |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |  | |  | | |  | | | 年 | | |  | | |  | | | 月 | |  | | |  | | 日 | | から | 連絡先 | 電話番号 | | | | | | | | | | | | | | | | | |
|  | |  | | |  | | | 年 | | |  | | |  | | | 月 | |  | | |  | | 日 | | まで |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 居宅  サービス  計画 | １．居宅介護支援事業者作成　　　　　　２．被保険者自己作成 | | | | | | | | | | | | |
| 事業所  番号 |  |  |  |  |  |  |  |  |  |  | 事業所  名称 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 開始  年月日 |  |  |  | 年 |  |  | 月 |  |  | 日 | 中止  年月日 |  |  |  | 年 |  |  | 月 |  |  | 日 |
| 中止  理由 | 1.非該当　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　9.介護医療院入所 | | | | | | | | | | | | | | | | | | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 請求額集計欄 | ①サービス種類コード  ／②名称 |  |  |  | | | |  |  |  | | | |  |  |  | | | |  |  |  | | | |  | | | | | |
| ③サービス実日数 |  |  | 日 | | | |  |  | 日 | | | |  |  | 日 | | | |  |  | 日 | | | |
| ④計画単位数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑤限度額管理対象単位数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑥限度額管理対象外単位数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 給付率（/100） | | | | | |
| ⑦給付単位数（④⑤のうち少ない数）＋⑥ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 保険 | | |  |  |  |
| ⑧公費分単位数 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 公費 | | |  |  |  |
| ⑨単位数単価 |  |  |  |  | 円／単位 | |  |  |  |  | 円／単位 | |  |  |  |  | 円／単位 | |  |  |  |  | 円／単位 | | 合計 | | | | | |
| ⑩保険請求額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑪利用者負担額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑫公費請求額 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑬公費分本人負担 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 社会福祉法人等による軽減欄 | 軽減率 | |  |  |  |  | ％ | 受領すべき利用者  負担の総額（円） | | | | | | 軽減額（円） | | | | | | 軽減後利用者  負担額（円） | | | | | | 備考 |
| 11 | 訪問介護 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | 通所介護 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 78 | 地域密着型通所介護 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 76 | 定期巡回・随時対応型訪問介護看護 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 71 | 夜間対応型訪問介護 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 72 | 認知症対応型通所介護 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 73 | 小規模多機能型居宅介護 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 77 | 複合型サービス | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 枚中 |  | 枚目 |