**様式第十**（附則第二条関係）

サービス提供証明書

（介護療養施設サービス）

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| 公費負担者番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 年 |  |  | 月分 |
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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 |  |  |  | 年 |  |  | 月 |  |  | 日 | から | 連絡先 | 電話番号 |
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| 入院年月日 |  |  |  | 年 |  |  | 月 |  |  | 日 | 退院年月日 |  |  |  | 年 |  |  | 月 |  |  | 日 | 入院実日数 |  |  | 外泊日数 |  |  |  |
| 主傷病 |  | 入院前の状況 | 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　9.介護医療院 |
| 退院後の状況 | 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9.介護医療院入所 |

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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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| 特定診療費 | 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 | 保険分特定診療費 | 公費分特定診療費 |
| ①単位数合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ②単位数単価 |  |  |  |  | 円／単位 |  | 10円／単位 | 10円／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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