**様式第六の二**（附則第二条関係）

サービス提供証明書

（介護予防認知症対応型共同生活介護（短期利用以外））

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |  |  |  |  | 請求事業者 | 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 |
| 要支援状態区分 | 要支援2 |
| 認定有効期間 |  |  |  | 年 |  |  | 月 |  |  | 日 | から | 連絡先 | 電話番号 |
|  |  |  | 年 |  |  | 月 |  |  | 日 | まで |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 入居年月日 |  |  |  | 年 |  |  | 月 |  |  | 日 | 退居年月日 |  |  |  | 年 |  |  | 月 |  |  | 日 | 入居実日数 |  |  | 外泊日数 |  |  |  |
| 入居前の状況 | 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 |
| 退居後の状況 | 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 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合計 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 請求額集計欄 | 区分 | 保険分 | 公費分 |
| ①単位数合計 |  |  |  |  |  |  |  |  |  |  |  |  |
| ②単位数単価 |  |  |  |  | 円／単位 |  |
| ③給付率 |  |  |  | ／100 |  |  |  | ／100 |
| ④請求額（円） |  |  |  |  |  |  |  |  |  |  |  |  |
| ⑤利用者負担額（円） |  |  |  |  |  |  |  |  |  |  |  |  |

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