

訪問看護療養費明細書

平成 年 月 日 13

都道府 県 訪問看護ステーションコード

6 1 社・国 3 後 期 1 単 独 併 2 本 人 8 高 齢 1 2 3 2 3 3 2 4 6 本 六 家 族 0 高 齢 7

様式第四

Table with columns for insurance numbers and recipient information.

Table for insurance details including policy number and insured person information.

Table for personal information including name, sex, age, and occupation.

Table for service location and name of the station.

Table for medical status, symptoms, and medical history.

Table for service dates, times, and medical facility information.

Table for basic care fees (I) and (II) including nursing and therapy costs.

Table for additional care fees (III) and (IV) including management and special care costs.

Table for mental and basic care fees (I) and (III) including psychiatric and nursing costs.

Table for information provision fees and terminal care fees.

Summary table for insurance payment, total fees, and high-cost care fees.

※印欄は記入しないで下さい。 24・4改正