



訪問看護療養費明細書

平成 年 月 日

都道府 県 市町村 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 2 公 費 4 退 職 2 3 3 2 4 6 給 付 割 合 10 9 8 7 ()

様式第四

Table with columns for insurance numbers and medical care recipient numbers.

Insurance and insured person information section.

Personal information section including name, sex, age, and occupation.

Home address and name of the nursing station.

Medical history and current condition section.

Physician information and visit dates section.

Instruction period section.

Basic care fee (I) and (II) section.

Main table for basic care fees (I) and (II) with columns for item, unit, and amount.

Main table for basic care fees (III) and (IV) with columns for item, unit, and amount.

Management care fee section.

Special items section.

Calendar for the visit dates.

Summary of special items.

Summary table for total charges and insurance coverage.

※印欄は記入しないで下さい。(東京都) 30・4改正