**様式第七**（附則第二条関係）

サービス提供証明書

（居宅介護支援）

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 居宅介護  支援事業者 | 事業所  番号 |  |  |  |  |  |  |  |  |  |  | 所在地 | 〒 |  | |  | |  | | － |  |  |  |  |  |
|  | | | | | | | | | | | | |
| 事業所  名称 |  | | | | | | | | | |
| 連絡先 | 電話番号 | | | | | | | | | | | | |
| 単位数単価 |  | |  | |  | |  | | （円／単位） | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 項番 | 被保険者 | 被保険者番号 | |  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | (フリガナ）  氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | 1．男 2．女 | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | 公費受給者番号 | | | | | | |  | | |  | |  | | |  | |  | | |  | | |  |
| 生年  月日 | 1．明治 2．大正 3．昭和 | | | | | | | | | | | | | | | | | | | | | | | 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 |
|  |  | | 年 | |  | |  | | | | | 月 | | |  | |  | | | 日 | | |  | |  |  | 年 | |  | | |  | | 月 |  | |  | | 日 | | まで |
| 担当介護支援  専門員番号 | |  | |  | |  | |  | | | | |  | | |  | |  | | |  | | | サービス計画  作成依頼  届出年月日 | | | |  | | |  | |  | | 年 | |  | | |  | | 月 | |  | |  | | 日 | | |  | | | | | | | | | | |
| 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 | | | | | | | | | 摘要 | | | | | | | サービス単位数合計 | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |  | |  | | |  | | |  | |  | |  | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | | 請求額合計 | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |  | |  | | |  | | |  | |  | |  | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |
| 項番 | 被保険者 | 被保険者番号 | |  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | (フリガナ）  氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | 性別 | | | | | 1．男 2．女 | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | 公費受給者番号 | | | | | | |  | | |  | |  | | |  | |  | | |  | | |  |
| 生年  月日 | 1．明治 2．大正 3．昭和 | | | | | | | | | | | | | | | | | | | | | | | 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 |
|  |  | | 年 | |  | |  | | | | | 月 | | |  | |  | | | 日 | | |  | |  |  | 年 | |  | | |  | | 月 |  | |  | | 日 | | まで |
| 担当介護支援  専門員番号 | |  | |  | |  | |  | | | | |  | | |  | |  | | |  | | | サービス計画  作成依頼  届出年月日 | | | |  | | |  | |  | | 年 | |  | | |  | | 月 | |  | |  | | 日 | | |  | | | | | | | | | | |
| 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 | | | | | | | | | 摘要 | | | | | | | サービス単位数合計 | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |  | |  | | |  | | |  | |  | |  | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | | 請求額合計 | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |  | |  | | |  | | |  | |  | |  | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |
|  | | | | | | | | |  | |  | | |  | | |  | |  | | |  | |  |  |  |  | |  |  | |  | |  | |  | |  |  | |  | | | | | | |