

○ 訪問看護療養費明細書

都道府県番号 訪問看護ステーションコード

Table with 8 columns: 1. 訪問, 2. 公費, 3. 社・国費, 4. 退職, 5. 後期, 6. 単独, 7. 併給, 8. 本人, 9. 家族, 10. 高齢, 11. 高齢7

令和 年 月 分

Form for patient information including name, sex, age, and address.

Form for insurance information including insurance type and policy number.

Form for medical conditions and diagnosis, including ICD-10 codes.

Form for medical institution details including name, address, and dates of care.

Form for care instructions and periods.

Form for basic care fees (I) and (II) with a grid for calculation.

Table for basic care fees (I) and (II) listing various services like nursing, therapy, and support with their respective rates.

Table for basic care fees (III) and (IV) listing additional services like emergency visits and specialized care with their respective rates.

Table for management fees (50-60) including management, 24-hour care, and terminal care fees.

Table for special items (61-70) including management fees, 24-hour care, and terminal care fees.

Table for visit dates (訪問日) showing a grid of dates from 1 to 29.

Table for special items (特記事項) listing specific notes and codes.

Summary table for total costs, including insurance payment, patient payment, and total amount.

備考 1. この用紙は、日本工業規格A4 4番とすること。 2. ※印の欄は、記入しないこと。