第４号様式（第５条関係）

委託料請求明細書（介護予防支援請求対象者名簿）

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 令和　年　　月実績 | | |  | |  | 事業所名　　（　　　　　　　　　　） | | | | |
|  | 被保険者  番号 | 氏 名 | 担当者 | 加算 | |  | 被保険者  番号 | 氏 名 | 担当者 | 加算 | |
| 初回 | 委託  連携 | 初回 | 委託  連携 |
| 1 |  |  |  |  |  | 23 |  |  |  |  |  |
| 2 |  |  |  |  |  | 24 |  |  |  |  |  |
| 3 |  |  |  |  |  | 25 |  |  |  |  |  |
| 4 |  |  |  |  |  | 26 |  |  |  |  |  |
| 5 |  |  |  |  |  | 27 |  |  |  |  |  |
| 6 |  |  |  |  |  | 28 |  |  |  |  |  |
| 7 |  |  |  |  |  | 29 |  |  |  |  |  |
| 8 |  |  |  |  |  | 30 |  |  |  |  |  |
| 9 |  |  |  |  |  | 31 |  |  |  |  |  |
| 10 |  |  |  |  |  | 32 |  |  |  |  |  |
| 11 |  |  |  |  |  | 33 |  |  |  |  |  |
| 12 |  |  |  |  |  | 34 |  |  |  |  |  |
| 13 |  |  |  |  |  | 35 |  |  |  |  |  |
| 14 |  |  |  |  |  | 36 |  |  |  |  |  |
| 15 |  |  |  |  |  | 37 |  |  |  |  |  |
| 16 |  |  |  |  |  | 38 |  |  |  |  |  |
| 17 |  |  |  |  |  | 39 |  |  |  |  |  |
| 18 |  |  |  |  |  | 40 |  |  |  |  |  |
| 19 |  |  |  |  |  | 41 |  |  |  |  |  |
| 20 |  |  |  |  |  | 42 |  |  |  |  |  |
| 21 |  |  |  |  |  | 43 |  |  |  |  |  |
| 22 |  |  |  |  |  | 44 |  |  |  |  |  |

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|  | 実績件数 | 件 |  |  | | |
|  | （うち　初回件数） | 件 |  | ※地域包括支援センター  使用欄  （記入しないでください） | 入力 | 確認 |
|  | （うち　委託連携件数） | 件 |  |  |  |

委託料請求明細書（第１号介護予防支援請求対象者名簿）

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 令和　　年　　月実績 | | |  | |  | 事業所名　　（　　　　　　　　　　） | | | | |
|  | 被保険者  番号 | 氏 名 | 担当者 | 加算 | |  | 被保険者  番号 | 氏 名 | 担当者 | 加算 | |
| 初回 | 委託  連携 | 初回 | 委託  連携 |
| 1 |  |  |  |  |  | 23 |  |  |  |  |  |
| 2 |  |  |  |  |  | 24 |  |  |  |  |  |
| 3 |  |  |  |  |  | 25 |  |  |  |  |  |
| 4 |  |  |  |  |  | 26 |  |  |  |  |  |
| 5 |  |  |  |  |  | 27 |  |  |  |  |  |
| 6 |  |  |  |  |  | 28 |  |  |  |  |  |
| 7 |  |  |  |  |  | 29 |  |  |  |  |  |
| 8 |  |  |  |  |  | 30 |  |  |  |  |  |
| 9 |  |  |  |  |  | 31 |  |  |  |  |  |
| 10 |  |  |  |  |  | 32 |  |  |  |  |  |
| 11 |  |  |  |  |  | 33 |  |  |  |  |  |
| 12 |  |  |  |  |  | 34 |  |  |  |  |  |
| 13 |  |  |  |  |  | 35 |  |  |  |  |  |
| 14 |  |  |  |  |  | 36 |  |  |  |  |  |
| 15 |  |  |  |  |  | 37 |  |  |  |  |  |
| 16 |  |  |  |  |  | 38 |  |  |  |  |  |
| 17 |  |  |  |  |  | 39 |  |  |  |  |  |
| 18 |  |  |  |  |  | 40 |  |  |  |  |  |
| 19 |  |  |  |  |  | 41 |  |  |  |  |  |
| 20 |  |  |  |  |  | 42 |  |  |  |  |  |
| 21 |  |  |  |  |  | 43 |  |  |  |  |  |
| 22 |  |  |  |  |  | 44 |  |  |  |  |  |

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|  | 実績件数 | 件 |  |  | | |
|  | （うち　初回件数） | 件 |  | ※地域包括支援センター  使用欄  （記入しないでください） | 入力 | 確認 |
|  | （うち　委託連携件数） | 件 |  |  |  |