　　**介護保険　主治医意見書作成料請求書**

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| **令和** |  |  | **年** |  |  | **月分** |

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| **保険者番号** |  |  |  |  |  |  |

**四国中央市長　様**

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| **被保険者** | **被保険者**  **番　　号** |  | |  | |  | | |  | |  | | |  | |  | | |  |  |  |  | **請求医療機関** | **事業所**  **番　号** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| **フリガナ** |  | | | | | | | | | | | | | | | | | | | | **事業所**  **名　称** |  | | | | | | | | | | | | | | | | | | |
| **氏　名** |  | | | | | | | | | | | | | | | | | | | |
| **所在地** | **〒** |  | |  | |  | | **－** | |  | |  | |  | |  | |  | |
| **生年月日** | **1.明治　2.大正　3.昭和** | | | | | | | | | | | | | | | **性　別** | **1.男　2.女** | | | |
| **電話番号（　　　　　　）　　－** | | | | | | | | | | | | | | | | | | |
|  |  | | **年** | |  |  | | **月** | |  |  | | **日** | |

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| **作成依頼日** | **令和** |  |  | **年** |  |  | **月** |  |  | **日** | **依頼番号** | **※** | | | | | | | | | | **保険者確認** | **※**  **※印の欄は記入しないで下さい** |
| **意見書作成日** | **令和** |  |  | **年** |  |  | **月** |  |  | **日** | **意見書送付日** | **令和** |  |  | **年** |  |  | **月** |  |  | **日** |

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| **意見書作成料** | **種　別** | **1．在宅　2．施設** | **1．新規　　2．継続** | **金　額** |  |  |  |  | **円** |

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| **診断・検査費用** | **内　　　訳** | | **金　額（円）** | | | | **摘　　　　　要** |
| **診　　断** | |  |  |  |  |  |
| **検　　査** | **胸部単純X線撮影** |  |  |  |  |  |
| **血液一般検査** |  |  |  |  |  |
| **血液化学検査** |  |  |  |  |  |
| **尿中一般物質定性･半定量検査** |  |  |  |  |  |
| **合　　　計　（円）** | |  |  |  |  |  |

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| **請求額** | **意見書作成料** |  |  |  |  |  | **円** |
| **診断・検査費用** |  |  |  |  |  | **円** |
| **消費税** |  |  |  |  |  | **円** |
| **合　　計** |  |  |  |  |  | **円** |

**主治医意見書料は、在宅・施設別、新規・継続（更新・変更）申請別に以下の金額とする。**

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|  | **在　宅** | **施　設** |
| **新規申請書** | **５，０００円** | **４，０００円** |
| **継続申請書** | **４，０００円** | **３，０００円** |

**主治医がなく主訴もない者が要介護認定を行った場合、意見書を記載するのに必要な診察・検査について、**

**初診料及び医師の判断に応じて行った検査等（以下のものに限る）に対し、診療報酬単価に基づき積算し**

**た額を請求することができる。**

**〔医師の判断に基づき行う検査の範囲〕**

**・胸部単純X線撮影・血液一般検査・血液化学検査・尿中一般物質定性・半定量検査**

**介護保険主治医意見書作成料請求書（総括表）**

**令和　　年　　月　　日**

**四国中央市長　様**

**住　　　所**

**医療機関名**

**代表者名　　　　　　　　　　　　印**

**令和　　年　　月分を下記のとおり請求致します。**

**一金　　　　　　円也**

**内　訳（別紙被保険者にかかる分）**

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| **区　　　分** | | **金　　　　額　　　　（円）** | **数　量（件）** | **合計金額（円）** |
| **意見書料** | **在　　宅** | **新規申請分　　　　　　５，０００** |  |  |
| **更新・変更申請分　　　４，０００** |  |  |
| **施　　設** | **新規申請分　　　　　　４，０００** |  |  |
| **更新・変更申請分　　　３，０００** |  |  |
| **小　　　　　計　　　　　　　　　　　　　　　　　①** | | |  |  |
| **診断・検査費用　　　　　　　　　　　　　　　　　②** | | |  |  |
| **消　費　税　額　　　　　　　　（①＋②）×消費税率** | | |  |  |
| **合　　　　　計** | | |  |  |

**受取金融機関**

**※今回はじめて主治医意見書作成料を請求される場合、または、これまでの受取口座に変更が生**

**じた場合は、下記にご記入ください。（これ以外は記入しないでください。）**

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| **金**  **融**  **機**  **関** | **金融機関名** | | | | | **支店名** | | | | **種目** | | | | **口座番号** | | | | | | |
| **銀行**  **信用金庫**  **組合** | | | | | **本店**  **支店**  **出張所** | | | | **１ 普通預金**  **２ 当座預金** | | | |  |  |  |  |  |  |  |
| **フリガナ** | | | | |  | | | | | | | | | | | | | | |
| **口座名義人** | | | | |  | | | | | | | | | | | | | | |
| **ゆ**  **う**  **ち**  **ょ**  **銀**  **行** | **記　号** | | | | | **口　座　番　号** | | | | | | | |  | | | | | | |
| **1** |  |  |  | **0** |  |  |  |  | |  |  |  |
| **フリガナ** | | | | |  | | | | | | | | | | | | | | |
| **口座名義人** | | | | |  | | | | | | | | | | | | | | |