介護予防ケアマネジメント委託料請求書

**請求日　令和　 　年　　 月　 　日**

**村 上 市 長　 様**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **請　求　事　業　者** | | | | | | | | | | |
| **所　在　地**  **名　　　称**  **代表者職氏名**  **電話番号** | **㊞** | | | | | | | | | |
| **事業所番号** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **令和　　年　　月分** | | | | |
| **被　保　険　者　番　号** | | | | | | | | | | **初回加算** | **委託**  **連携加算** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |

**※　被保険者が８名以上の場合は「別紙のとおり」とし、別紙に記入してください。**

**※　初回加算・委託連携加算がある場合は、それぞれ□にチェックを入れてください。**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **請求内容** | **介護予防**  **ケアマネジメント費** |  | **件** | **4,420円** | **金額** |  |  |  |  |  |  | **円** |
| **初回加算** |  | **件** | **3,000円** | **金額** |  |  |  |  |  |  | **円** |
| **委託連携加算** |  | **件** | **3,000円** | **金額** |  |  |  |  |  |  | **円** |
| **請求金額（合計）** | | | | | |  |  |  |  |  |  | **円** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **口　座　振　替　依　頼　書** | | | | | | | | | |
| **金融機関名** |  | **支店名** |  | | | | | | |
| **口座の種別** | **1普通　 2当座　 3（ 　　　）** | **口座番号** |  |  |  |  |  |  |  |
| **（フリガナ）**  **口座の名義** |  | | | | | | | | |
|  | | | | | | | | |

**介護予防ケアマネジメント委託料請求書・別紙**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **令和　　年　　月分** | | | | |
| **被　保　険　者　番　号** | | | | | | | | | | **初回加算** | **委託**  **連携加算** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |
|  |  |  |  |  |  |  |  |  |  | **□** | **□** |