付表３－２

訪問看護・介護予防訪問看護事業を事業所所在地以外の場所で一部実施する場合の記載事項

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事　業　所 | フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | （郵便番号　　　－　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | 電話番号 | | | | |  | | | | | | | | | | | | ＦＡＸ番号 | | | | |  | | | | | |
| 主な掲示事項 | 営業日 | 日 | 月 | | 火 | | | 水 | | | 木 | 金 | | 土 | 祝 | | | その他  年間の休日 | | | |  | | | | | | | |
|  |  | |  | | |  | | |  |  | |  |  | | |
| 営業時間 | 平日 | |  | | | | | ～ | |  | | 土曜 | | |  | | | | ～ |  | | | | 日・祝 |  | | ～ |  |
| 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用料 | 法定代理受領分　　　介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外　 介護報酬告示上の額 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | 運営規程に定めるとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | ① | | | | | | | | ② | | | | | | | ③ | | | | | | ④ | | | | ⑤ | | |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |

備考　１　記入欄が不足する場合は、別に記入した書類を添付すること。