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| サービス利用票別表  **区分支給限度管理・利用者負担計算** | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名 | 事業所番号 | | | サービス内容/種類 | | | サービス  コード | 単位数 | 割引適用後 | | 回数 | サービス  単位／金額 | 種類支給限度基準を超える単位数 | 種類支給限度基準内単位数 | 区分支給限度基準を超える単位数 | 区分支給限度基準内単位数 | 単位数 単価 | 費用総額  （保険対象分） | 給付率  （％） | 保険給付額 | 利用者負担  (保険対象分) | 利用者負担  (全額負担分) | |
| 率％ | 単位数 |
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|  | | | | | | | 区分支給限度  基準額（単位） |  | | | 合計 |  |  |  |  |  |  |  |  |  |  |  | |
| **種類別支給限度管理** | | | | | | | | | | | | |
| サービス種類 | 種類支給限度  基準額（単位） | | 合計単位数 | | | 種類支給限度基準を超える単位数 | サービス種類 | 種類支給限度 基準額（単位） | | 合計単位数 | | 種類支給限度基準を超える単位数 |
| 訪問介護 |  | |  | | |  | 通所ﾘﾊﾋﾞﾘﾃｰｼｮﾝ |  | |  | |  |
| 訪問入浴介護 |  | |  | | |  | 福祉用具貸与 |  | |  | |  |
| 訪問看護 |  | |  | | |  | 短期入所生活介護 |  | |  | |  |
| 訪問ﾘﾊﾋﾞﾘﾃｰｼｮﾝ |  | |  | | |  | 短期入所療養介護 |  | |  | |  |
| 通所介護 |  | |  | | |  | 合計 |  | | | |  |
| **要介護認定期間中の短期入所利用日数** | | | | | | | | | | | | |
| 前月までの利用日数 | | 当月の計画利用日数 | | | 累積利用日数 | |  | | | | | |
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