付表４

（表）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 訪問リハビリテーション・介護予防訪問リハビリテーション事業者の指定に係る記載事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 | | | | | |  | | | | | | | | | |
| 実施主体が地方公共団体である場合は、当該事業の実施について定めてある条例等の条文 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 第　　　条第　　　項第　　　号 | | | | | | | | | | | | |
| 病院・診療所・介護老人保健施設・介護医療院の別(該当に○) | | | | 病院 | | | | | | |  | | | | 診療所 | | | | |  | | | | | | 介護老人  保健施設 | | | | | |  | | | 介護  医療院 | | | | |  |
| 管理者 | フリガナ |  | | | | | | | | | | | | | | 住所・連絡先 | | | | | (郵便番号　　―　　　) | | | | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | |
| 生年月日 |  | | | | | | | | | | | | | | 電話番号 | | | | | |  | | | | | | FAX番号 | | | | |  | | |
| 利用者の推定数 | | | 人 | | | | | | | | | | | | | | | | （前年度の平均値、新規の場合は予測される数を記入） | | | | | | | | | | | | | | | | | | | | | |
| 従業者 |  | | 医　　　師 | | | | | | | | | | | 理学療法士 | | | | | | | | | | 作業療法士 | | | | | | | | | | 言語聴覚士 | | | | | | |
| 専　従 | | | | | | 兼務 | | | | | 専従 | | | | | 兼務 | | | | | 専従 | | | | | 兼務 | | | | | 専　従 | | | | | 兼　務 | |
| 常　勤(人) | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | |
| 非常勤(人) | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | |
| 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　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。  （裏面に続く。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |