様式1

居宅介護支援における特定事業所集中減算に係る判定状況書１　　　　　枚中　　　枚目

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| サービスの種類 |  |  | 居宅介護支援事業所名 |  |
| サービス提供年月 | 　　　 　年　　月 |

|  |  |  |
| --- | --- | --- |
| 番号 | 給付管理を行った利用者名 | サービス事業所開設法人名 |
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| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 計 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

【備考】１　サービスの種類ごとに別葉として、毎月作成すること

　　　　　２　複数枚にわたる場合は、最後のページに計を記載すること

　　　　　３　サービス事業所開設法人名には、事業所名ではなく法人名を記載すること

　　　　　４　この様式は、様式2とともに判定期間が完結してから 2年間保存すること