付表3-2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | |  | | | | | |
| ﾒｰﾙｱﾄﾞﾚｽ |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |
| 法定代理受領分以外 | | | | | | | | | | | | | | | | | | | | | | | |
| その他の費用 | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 通常の事業実施地域 | | | ① | | | | | ② | | | ③ | | | | | ④ | | | | | | ⑤ | | | |  |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | |
| 添付書類 | | | 別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | |

　　　　　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