附件

省直长期护理保险定点机构申请表

申请单位（章）：

申 请 时 间：

山东省医疗保险事业中心 监制

填 表 说 明

一、本表A4纸正反面打印，要求按表中内容真实填报。

二、“申请机构类别”请在相应位置打“√”；“内设护理保险管理部门”是指申请机构内部设立或指定的负责长期护理保险管理的部门；“申请护理保险类别及床位数”请对应护理保险类别填写申请的床位数。

三、具有提供省直长期护理保险服务意愿的相关机构，填写本表，并附以下材料：

1.具有基本医疗保险定点资格的医疗机构、医养结合机构（含护理院、护理中心、具有医疗资质的养老机构等），均可申请为定点机构，须提供医疗机构执业许可证复印件，或者提供内设医疗机构执业许可证和养老机构设立许可证原件及复印件。

2.事业单位法人证书或民办非企业单位登记证书原件和复印件。

3.医护人员职称资格证书和执业资格证书原件和复印件。

4.收费许可证或收费标准。

5.济南市长期护理保险定点机构服务协议原件及复印件。

6.经营场所房产证明或租赁协议原件及复印件。

四、本表设置栏目如不能满足填报要求，可以附表形式填报。

五、申请单位以A4纸张标准，将上述资料复印件按顺序排列附于本表后，并装订成册。申请时核对原件留存复印件。

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| 申请机构名称 | | | | | |  | | | | | | | | | | | | | | | | |
| 申请机构类别 | | | | | | 医保定点医疗机构（ ）医养结合机构（ ）其他（ ） | | | | | | | | | | | | | | | | |
| 申请机构地址 | | | | | |  | | | | | | | | | | | | | | | | |
| 机构执业 许可证编号 | | | | | |  | | | | | | | | | 所有制形式 | | | |  | | | |
| 法人代表 | | | | | |  | | | | | | | | | 联系电话 | | | |  | | | |
| 内设护理保险  管理机构名称 | | | | | |  | | | | | | | | | 联系电话 电子邮箱 | | | |  | | | |
| 护理保险管理  机构负责人 | | | | | |  | | | | | | | | | 联系电话 电子邮箱 | | | |  | | | |
| 申请医疗护理保险类别及床位数 | | | | | | 医疗专护 | | | | | | 机构护理 | | | | | 居家护理 | | | | | |
| 床位数： | | | | | | 床位数： | | | | | 床位数： | | | | | |
| 申请机构医疗及护理人员构成 | | |  | | | 总 人 数 | | | | | 高级职称 | | | | 中级职称 | | | | 初级职称 | | | |
| 执业医师 | | |  | | | | |  | | | |  | | | |  | | | |
| 执业护士 | | |  | | | | |  | | | |  | | | |  | | | |
| 医技人员 | | |  | | | | |  | | | |  | | | |  | | | |
| 护理员 | | |  | | | | |  | | | |  | | | |  | | | |
| 其 他 | | |  | | | | |  | | | |  | | | |  | | | |
| 合 计 | | |  | | | | |  | | | |  | | | |  | | | |
| 申请机构从事护理保险工作人员名单 | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 性别 | | | 工作岗位 | | | 职称 | | | 资格证书号 | | | 执业证书号 | | | | 备注 | | | |
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| 合计人数 | | |  | | |  | | |  | | |  | | |  | | | |  | | | |
| **备注：工作人员按管理人员、执业医师、执业护士、医技人员（含康复人员）、护理员依次填写。** | | | | | | | | | | | | | | | | | | | | | | |
| 申请机构护理项目备案表 | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | | 护理服务项目名称 | | | 是否需要医疗仪器设备 | | | | 需配置的医疗仪器设备名称 | | | | | 医疗仪器设备规格、型号及耗材 | | | | 批准收费标准 | | | 计量  单位 |
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| **备注：所申请的护理项目如需医疗仪器设备辅助，将本表设备名称、型号、耗材、收费标准等项目内容填写完整。** | | | | | | | | | | | | | | | | | | | | | | | | |