附件4

长期护理保险失能评估费结算明细表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| XXX护理机构XX月失能评估费用结算明细表 | | | | | | | | |
| 序号 | 县域 | 被评估人 | 是否通过 | 生活  评估员 | 医学评估员 | | 评估日期 | 评估费 |
|  |  |  |  |  |  | |  |  |
|  |  |  |  |  |  | |  |  |
| 合计 | | | | | | | |  |
| 制表人： | | 护理机构签收人： | | | | 日期： | | |