

朝光苑 利用料金

R5/4/1現在

1. 施設利用料金

(月額31日計算)

介護度区分	減免区分	サービス費	居住費	食費	利用者合計額	
1	1	0	0	9,300	9,300	
	2	23,592	11,470	12,090	47,152	
	3①	23,592	11,470	20,150	55,212	
	②	23,592	11,470	42,160	77,222	
	(2割負担) (3割負担)	/	23,592	26,505	44,795	94,892
			47,184	26,505	44,795	118,484
70,775			26,505	44,795	142,075	
2	1	0	0	9,300	9,300	
	2	26,085	11,470	12,090	49,645	
	3①	26,085	11,470	20,150	57,705	
	②	26,085	11,470	42,160	79,715	
	(2割負担) (3割負担)	/	26,085	26,505	44,795	97,385
			52,169	26,505	44,795	123,469
78,253			26,505	44,795	149,553	
3	1	0	0	9,300	9,300	
	2	28,687	11,470	12,090	52,247	
	3①	28,687	11,470	20,150	60,307	
	②	28,687	11,470	42,160	82,317	
	(2割負担) (3割負担)	/	28,687	26,505	44,795	99,987
			57,374	26,505	44,795	128,674
86,061			26,505	44,795	157,361	
4	1	0	0	9,300	9,300	
	2	31,180	11,470	12,090	54,740	
	3①	31,180	11,470	20,150	62,800	
	②	31,180	11,470	42,160	84,810	
	(2割負担) (3割負担)	/	31,180	26,505	44,795	102,480
			62,146	26,505	44,795	133,446
93,539			26,505	44,795	164,839	
5	1	0	0	9,300	9,300	
	2	33,637	11,470	12,090	57,197	
	3①	33,637	11,470	20,150	65,257	
	②	33,637	11,470	42,160	87,267	
	(2割負担) (3割負担)	/	33,637	26,505	44,795	104,937
			67,273	26,505	44,795	138,573
100,909			26,505	44,795	172,209	

2. 医療費（受診の方）

3. 理髪料金 1回 1,500円

4. 注文買物・店屋物（実費）

5. インフルエンザ予防接種・胸部レントゲン代（年1回）

（注）入所時の初期加算・安全対策体制加算は含まず