

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|------------------|---------------------------------|---------|---|----|-----|------|-------|---|-------|-------|----|-------|-------|----|-------|--------|----|--------|--------|---|-------|----------|----|--|--------|------|------|--------|---------------|--|----------|-------|--|--------|----|--|----|-------|----|----|--------|--|---------|---------|---------|--|---------|---------|------|--|---------|---------|
| 01,1006,3 (01,3138,8) | 医療法人積仁会 岡部 病院 | 〒921-8114 金沢市長坂町チ 1 5 | 325 | <p>医薬品の治験に係る診療 (治験診療)第 32号 治験薬名称 OPC-34712(002) 入院医療に係る特別の療養環境の提供 (入療養提供)第 591号</p> <p>徴収開始年月日：平成24年12月25日 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第 相 4</p> <p>徴収開始年月日：平成29年 2月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>5</td><td>1,944</td></tr> <tr><td>01:個室</td><td>7</td><td>2,160</td></tr> <tr><td>01:個室</td><td>30</td><td>2,376</td></tr> <tr><td>02:2人室</td><td>16</td><td>1,080</td></tr> <tr><td>01:個室</td><td>7</td><td></td></tr> <tr><td>02:2人室</td><td>8</td><td></td></tr> <tr><td>03:3人室</td><td>33</td><td></td></tr> <tr><td>04:4人室</td><td>16</td><td></td></tr> <tr><td>05:5人室以上</td><td>150</td><td></td></tr> <tr><td>99:その他</td><td>36</td><td></td></tr> </tbody> </table> <p>全許可病床数 308床 費用徴収病床数 58床 割合 18.8%</p> <p>金属床による総義歯の提供 (金属総義歯)第 147号</p> <table border="1"> <thead> <tr> <th>金属</th> <th>その他金属</th> <th>上顎</th> <th>下顎</th> </tr> </thead> <tbody> <tr><td>04:チタン</td><td></td><td>300,000</td><td>300,000</td></tr> <tr><td>03:コバルト</td><td></td><td>200,000</td><td>200,000</td></tr> <tr><td>02:金</td><td></td><td>400,000</td><td>400,000</td></tr> </tbody> </table> <p>徴収開始年月日：平成19年11月27日</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 5 | 1,944 | 01:個室 | 7 | 2,160 | 01:個室 | 30 | 2,376 | 02:2人室 | 16 | 1,080 | 01:個室 | 7 | | 02:2人室 | 8 | | 03:3人室 | 33 | | 04:4人室 | 16 | | 05:5人室以上 | 150 | | 99:その他 | 36 | | 金属 | その他金属 | 上顎 | 下顎 | 04:チタン | | 300,000 | 300,000 | 03:コバルト | | 200,000 | 200,000 | 02:金 | | 400,000 | 400,000 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 1,944 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 30 | 2,376 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 16 | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99:その他 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金属 | その他金属 | 上顎 | 下顎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:チタン | | 300,000 | 300,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:コバルト | | 200,000 | 200,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:金 | | 400,000 | 400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1060,0 | 金沢聖霊総合病院 | 〒920-0865 金沢市長町 1 丁目 5 の 3 0 | 60 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 535号</p> <p>徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>1</td><td>3,240</td></tr> <tr><td>01:個室</td><td>13</td><td>5,400</td></tr> <tr><td>01:個室</td><td>1</td><td>8,640</td></tr> <tr><td>01:個室</td><td>1</td><td>16,200</td></tr> <tr><td>02:2人室</td><td>4</td><td>3,240</td></tr> <tr><td>06:4人室以上</td><td>40</td><td></td></tr> </tbody> </table> <p>全許可病床数 60床 費用徴収病床数 20床 割合 33.3%</p> <p>入院期間が180日を超える入院 (超過入院)第 206号</p> <table border="1"> <thead> <tr> <th>入院料区分</th> <th>対象者数</th> <th>徴収日数</th> <th>徴収料金</th> </tr> </thead> <tbody> <tr><td>47:(一般入院) 群 1</td><td></td><td></td><td>1,800</td></tr> </tbody> </table> <p>徴収開始年月日：平成16年 4月 1日</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 3,240 | 01:個室 | 13 | 5,400 | 01:個室 | 1 | 8,640 | 01:個室 | 1 | 16,200 | 02:2人室 | 4 | 3,240 | 06:4人室以上 | 40 | | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 47:(一般入院) 群 1 | | | 1,800 | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 13 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 8,640 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 16,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06:4人室以上 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47:(一般入院) 群 1 | | | 1,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|-----------------------|------------------------------------|-------|--|-------|-----|-------|-------|---------------|-------------|-------|----|-----------------------------|-------------|---|--|-----------|-------------|----|--------|---------------|-------|--------|------|------------------|-----|------|-------|---|--------|-------|---|-------|-------|---|-------|-------|---|-------|--------|---|--|--------|----|--|--------|------|----------------------|-------|------|------|------|---------------|--|--|-------|
| 01,1081,6 | 医療法人明仁会 かな いわ病院 | 〒920-0351 金沢市普正寺町 9 の 6 | 186 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 587号 徴収開始年月日:平成19年10月 1日 <table border="1"> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> <tr> <td>01:個室</td> <td>4</td> <td></td> </tr> <tr> <td>01:個室</td> <td>21</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>6</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>18</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>140</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>189床</td> <td>費用徴収病床数 0床 割合 0%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 4 | | 01:個室 | 21 | | 02:2人室 | 6 | | 02:2人室 | 18 | | 04:4人室 | 140 | | 全許可病床数 | 189床 | 費用徴収病床数 0床 割合 0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 189床 | 費用徴収病床数 0床 割合 0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1114,5 | 国家公務員共済組合連 合会 北陸病院 | 〒921-8035 金沢市泉ヶ丘 2 丁目 1 3 - 4 3 | 125 | 医薬品の治験に係る診療 (治験診療)第 62号 徴収開始年月日:平成28年 7月 1日 <table border="1"> <tr> <th>内・注・外</th> <th>区分</th> <th>対象患者数</th> <th>徴収額</th> </tr> <tr> <td>A Z D 0 5 8 5</td> <td>1:内服薬 3:第 相</td> <td>15</td> <td></td> </tr> <tr> <td>B I 1 0 7 7 3 + B I 1 3 5 6</td> <td>1:内服薬 3:第 相</td> <td>6</td> <td></td> </tr> <tr> <td>Z - 2 1 5</td> <td>1:内服薬 2:第 相</td> <td>12</td> <td></td> </tr> <tr> <td>S Y R - 4 7 2</td> <td>1:内服薬</td> <td>2</td> <td></td> </tr> </table> 入院医療に係る特別の療養環境の提供 (入療養提供)第 592号 徴収開始年月日:平成25年 9月 1日 <table border="1"> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> <tr> <td>01:個室</td> <td>3</td> <td>11,880</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td>8,100</td> </tr> <tr> <td>01:個室</td> <td>8</td> <td>5,940</td> </tr> <tr> <td>01:個室</td> <td>7</td> <td>4,860</td> </tr> <tr> <td>02:2人室</td> <td>4</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>96</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>124床</td> <td>費用徴収病床数 24床 割合 19.4%</td> </tr> </table> 入院期間が180日を超える入院 (超過入院)第 245号 <table border="1"> <tr> <th>入院料区分</th> <th>対象者数</th> <th>徴収日数</th> <th>徴収料金</th> </tr> <tr> <td>47:(一般入院) 群 1</td> <td></td> <td></td> <td>1,810</td> </tr> </table> | 内・注・外 | 区分 | 対象患者数 | 徴収額 | A Z D 0 5 8 5 | 1:内服薬 3:第 相 | 15 | | B I 1 0 7 7 3 + B I 1 3 5 6 | 1:内服薬 3:第 相 | 6 | | Z - 2 1 5 | 1:内服薬 2:第 相 | 12 | | S Y R - 4 7 2 | 1:内服薬 | 2 | | 区分 | 病床数 | 徴収金額 | 01:個室 | 3 | 11,880 | 01:個室 | 6 | 8,100 | 01:個室 | 8 | 5,940 | 01:個室 | 7 | 4,860 | 02:2人室 | 4 | | 04:4人室 | 96 | | 全許可病床数 | 124床 | 費用徴収病床数 24床 割合 19.4% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 47:(一般入院) 群 1 | | | 1,810 |
| 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Z D 0 5 8 5 | 1:内服薬 3:第 相 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B I 1 0 7 7 3 + B I 1 3 5 6 | 1:内服薬 3:第 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Z - 2 1 5 | 1:内服薬 2:第 相 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S Y R - 4 7 2 | 1:内服薬 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 11,880 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 8,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 5,940 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 4,860 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 124床 | 費用徴収病床数 24床 割合 19.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47:(一般入院) 群 1 | | | 1,810 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|--------|----------------------------|-----|---|
| 01,1118,6 | 金沢市立病院 | 〒921-8105 金沢市平和町3丁目7番3号 | 311 | <p>医薬品の治験に係る診療 (治験診療)第 63号 治験薬名称 GW685698+GW6424 BAY59-7939 T-4288 チオトロピウム+オロダテロール GSK2834425 MK-1029 徴収開始年月日：平成28年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 2:第 相 6 1:内服薬 2:第 相 10 1:内服薬 2:第 相 3 3:外用薬 2:第 相 6 1:内服薬 3:第 相 6 1:内服薬 2:第 相 4</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 570号 徴収開始年月日：平成28年 8月 4日 区分 病床数 徴収金額 01:個室 4 8,100 01:個室 1 7,000 01:個室 9 6,264 01:個室 43 4,104 01:個室 13 02:2人室 8 04:4人室 36 05:5人室以上 197 全許可病床数 311床 費用徴収病床数 57床 割合 18.3%</p> <p>200床以上の病院の初診 (病院初診)第 46号 徴収額 初診患者数 徴収患者数 1,080 徴収開始年月日：平成26年 4月 1日</p> <p>入院期間が180日を超える入院 (超過入院)第 343号 入院料区分 対象者数 徴収日数 徴収料金 38:(一般入院)7対1入 2,581</p> |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------|----------------------------|-----|--|----|-----|------|-------|---|-------|-------|---|-------|-------|----|-------|-------|----|-------|-------|----|-------|-------|---|-------|-------|---|--|--------|-----|--|
| 01,1233,3 | 金沢赤十字病院 | 〒921-8162 金沢市三馬2丁目251番地 | 262 | <p>医薬品の治験に係る診療 (治験診療)第 64号 治験薬名称 CS-3150 M518101 徴収開始年月日:平成28年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 2:第 相 10 3:外用薬 3:第 相 6</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 588号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>4</td><td>9,330</td></tr> <tr><td>01:個室</td><td>8</td><td>8,320</td></tr> <tr><td>01:個室</td><td>10</td><td>7,480</td></tr> <tr><td>01:個室</td><td>19</td><td>6,260</td></tr> <tr><td>01:個室</td><td>20</td><td>5,180</td></tr> <tr><td>01:個室</td><td>6</td><td>3,130</td></tr> <tr><td>01:個室</td><td>4</td><td></td></tr> <tr><td>04:4人室</td><td>172</td><td></td></tr> </tbody> </table> <p>全許可病床数 243床 費用徴収病床数 67床 割合 27.6%</p> <p>200床以上の病院の初診 (病院初診)第 40号 徴収額 初診患者数 徴収患者数 2,160 徴収開始年月日:平成26年 4月 1日</p> <p>入院期間が180日を超える入院 (超過入院)第 378号 入院料区分 対象者数 徴収開始年月日:平成28年 4月 1日 38:(一般入院)7対1入 徴収日数 徴収料金 2,580</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 4 | 9,330 | 01:個室 | 8 | 8,320 | 01:個室 | 10 | 7,480 | 01:個室 | 19 | 6,260 | 01:個室 | 20 | 5,180 | 01:個室 | 6 | 3,130 | 01:個室 | 4 | | 04:4人室 | 172 | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 9,330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 8,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | 7,480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 19 | 6,260 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 20 | 5,180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 3,130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 172 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------|-----------------------------|---------|---|-------|-----|-------|-------|-------|-------|-------|----|-----|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|----|-------|-------|---|-------|--------|----|-----|-------|----|--|--------|---|--|--------|----|--|--------|-----|--|--------|------|----------------------|----|-------|----|----|------|----|---------|---------|--|---------|---------|---------|--------|--|---------|---------|
| 01,1284,6 (01,3214,7) | 社会医療法人財団松原愛育会 松原病院 | 〒920-0935 金沢市石引4丁目3番5号 | 455 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 578号 徴収開始年月日：平成28年12月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>16</td><td>540</td></tr> <tr><td>01:個室</td><td>21</td><td>648</td></tr> <tr><td>01:個室</td><td>9</td><td>1,188</td></tr> <tr><td>01:個室</td><td>8</td><td>1,620</td></tr> <tr><td>01:個室</td><td>2</td><td>1,836</td></tr> <tr><td>01:個室</td><td>2</td><td>1,944</td></tr> <tr><td>01:個室</td><td>4</td><td>2,700</td></tr> <tr><td>01:個室</td><td>13</td><td>5,400</td></tr> <tr><td>01:個室</td><td>4</td><td>7,560</td></tr> <tr><td>02:2人室</td><td>10</td><td>108</td></tr> <tr><td>01:個室</td><td>45</td><td></td></tr> <tr><td>02:2人室</td><td>2</td><td></td></tr> <tr><td>03:3人室</td><td>75</td><td></td></tr> <tr><td>04:4人室</td><td>244</td><td></td></tr> <tr> <td>全許可病床数</td> <td>455床</td> <td>費用徴収病床数 89床 割合 19.6%</td> </tr> </tbody> </table> <p>金属床による総義歯の提供 (金属総義歯)第 513号 徴収開始年月日：平成26年 3月14日</p> <table border="1"> <thead> <tr> <th>金属</th> <th>その他金属</th> <th>上顎</th> <th>下顎</th> </tr> </thead> <tbody> <tr> <td>02:金</td> <td>合金</td> <td>399,000</td> <td>378,000</td> </tr> <tr> <td></td> <td>コバルトクロム</td> <td>216,000</td> <td>216,000</td> </tr> <tr> <td>04:チタン</td> <td></td> <td>189,000</td> <td>189,000</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 16 | 540 | 01:個室 | 21 | 648 | 01:個室 | 9 | 1,188 | 01:個室 | 8 | 1,620 | 01:個室 | 2 | 1,836 | 01:個室 | 2 | 1,944 | 01:個室 | 4 | 2,700 | 01:個室 | 13 | 5,400 | 01:個室 | 4 | 7,560 | 02:2人室 | 10 | 108 | 01:個室 | 45 | | 02:2人室 | 2 | | 03:3人室 | 75 | | 04:4人室 | 244 | | 全許可病床数 | 455床 | 費用徴収病床数 89床 割合 19.6% | 金属 | その他金属 | 上顎 | 下顎 | 02:金 | 合金 | 399,000 | 378,000 | | コバルトクロム | 216,000 | 216,000 | 04:チタン | | 189,000 | 189,000 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 16 | 540 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 21 | 648 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 9 | 1,188 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 1,620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 1,836 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 1,944 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 13 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 7,560 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | 108 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 244 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 455床 | 費用徴収病床数 89床 割合 19.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金属 | その他金属 | 上顎 | 下顎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:金 | 合金 | 399,000 | 378,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | コバルトクロム | 216,000 | 216,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:チタン | | 189,000 | 189,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1373,7 | 岩城内科医院 | 〒920-0025 金沢市駅西本町2丁目5の20 | | <p>医薬品の治験に係る診療 (治験診療)第 84号 治験薬名称</p> <p>徴収開始年月日：平成27年11月 1日</p> <table border="1"> <thead> <tr> <th>内・注・外</th> <th>区分</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>1:内服薬</td> <td>3:第 相</td> <td>10</td> <td></td> </tr> </tbody> </table> | 内・注・外 | 区分 | 対象患者数 | 徴収額 | 1:内服薬 | 3:第 相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|--------|--------|---------|-----|--|
| | | | | <p>04: 4人室 382 全許可病床数 630床 費用徴収病床数 158床 割合 25.1% 特定機能病院及び許可病床数400床以上の地域医療支援病院の初診 (大病院初診)第 4号 徴収開始年月日:平成28年10月 1日 徴収額 初診患者数 徴収患者数 5,000 3,000 特定機能病院及び許可病床数400床以上の地域医療支援病院の再診 (大病院再診)第 4号 徴収開始年月日:平成28年10月 1日 徴収額 再診患者数 徴収患者数 2,500 1,500 入院期間が180日を超える入院 (超過入院)第 354号 徴収開始年月日:平成26年 4月 1日 入院料区分 対象者数 徴収日数 徴収料金 38:(一般入院)7対1入 2,580 11:(一般入院)特別入院 1,560 金属床による総義歯の提供 (金属総義歯)第 223号 徴収開始年月日:平成23年11月27日 金属 その他金属 上顎 下顎 コバルトクロム 250,000 250,000 04:チタン 300,000 300,000</p> |
| | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------|-------------------------------|-----|--|----|-----|------|-------|---|-------|--------|----|-------|--------|----|-------|--------|----|-------|--------|-----|--|---------|----|---------|--------|----|--|--------|-----|--|--------|------|--|---------|-----|----------|--------|----|-----------|-------|-----------|-------|
| 01,1387,7 (01,3157,8) | 金沢西病院 | 〒920-0025 金沢市駅西本町6丁目15番41号 | 166 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 525号 徴収開始年月日：平成26年12月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>2</td><td>7,560</td></tr> <tr><td>01:個室</td><td>1</td><td>5,400</td></tr> <tr><td>01:個室</td><td>14</td><td>3,240</td></tr> <tr><td>01:個室</td><td>7</td><td>2,700</td></tr> <tr><td>01:個室</td><td>5</td><td></td></tr> <tr><td>02:2人室</td><td>6</td><td></td></tr> <tr><td>03:3人室</td><td>27</td><td></td></tr> <tr><td>04:4人室</td><td>104</td><td></td></tr> <tr><td>全許可病床数</td><td>166床</td><td></td></tr> <tr><td>費用徴収病床数</td><td>24床</td><td>割合 14.5%</td></tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院)第 386号 入院料区分 対象者数 徴収開始年月日：平成26年 4月 1日 40:(一般入院)10対1 徴収日数 徴収料金 2,230</p> <p>金属床による総義歯の提供 (金属総義歯)第 305号 金属 その他金属 徴収開始年月日：平成26年 3月 6日 03:コバルト 上顎 下顎 150,000 150,000</p> <p>う蝕に罹患している患者の指導管理 (う蝕管理)第 77号 徴収開始年月日：平成26年 3月 6日</p> <table border="1"> <thead> <tr> <th>継続管理種類</th> <th>価格</th> </tr> </thead> <tbody> <tr><td>01:フッ化物局所</td><td>3,000</td></tr> <tr><td>02:小窩裂溝填塞</td><td>2,500</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 7,560 | 01:個室 | 1 | 5,400 | 01:個室 | 14 | 3,240 | 01:個室 | 7 | 2,700 | 01:個室 | 5 | | 02:2人室 | 6 | | 03:3人室 | 27 | | 04:4人室 | 104 | | 全許可病床数 | 166床 | | 費用徴収病床数 | 24床 | 割合 14.5% | 継続管理種類 | 価格 | 01:フッ化物局所 | 3,000 | 02:小窩裂溝填塞 | 2,500 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 7,560 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 104 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 166床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 費用徴収病床数 | 24床 | 割合 14.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 継続管理種類 | 価格 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:フッ化物局所 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:小窩裂溝填塞 | 2,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1401,6 | 小池病院 | 〒920-0912 金沢市大手町8-20 | 90 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 456号 徴収開始年月日：平成25年 9月20日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>5</td><td>2,200</td></tr> <tr><td>02:2人室</td><td>10</td><td></td></tr> <tr><td>03:3人室</td><td>21</td><td></td></tr> <tr><td>04:4人室</td><td>24</td><td></td></tr> <tr><td>全許可病床数</td><td>60床</td><td></td></tr> <tr><td>費用徴収病床数</td><td>5床</td><td>割合 8.3%</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 5 | 2,200 | 02:2人室 | 10 | | 03:3人室 | 21 | | 04:4人室 | 24 | | 全許可病床数 | 60床 | | 費用徴収病床数 | 5床 | 割合 8.3% | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 60床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 費用徴収病床数 | 5床 | 割合 8.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|---------------------|---------------------------|-----|--|
| 01,1442,0 | 医療法人社団映寿会 みらい病院 | 〒920-8201 金沢市鞍月東1丁目9番地 | 150 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 571号 徴収開始年月日:平成28年 8月 1日 区分 病床数 徴収金額 01:個室 1 10,800 01:個室 6 7,560 01:個室 4 5,400 01:個室 16 4,320 01:個室 1 3,240 01:個室 2 02:2人室 16 04:4人室 104 全許可病床数 150床 費用徴収病床数 28床 割合 18.7% 入院期間が180日を超える入院 (超過入院)第 385号 入院料区分 対象者数 徴収開始年月日:平成26年 4月 1日 40:(一般入院)10対1 徴収日数 徴収料金 2,160 |
| 01,1498,2 | 大手町病院 | 〒920-0912 金沢市大手町5番32号 | 300 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 452号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 1 3,240 02:2人室 24 1,620 03:3人室 3 04:4人室 192 全許可病床数 220床 費用徴収病床数 25床 割合 11.4% |
| 01,1514,6 | 高田整形外科内科医院 | 〒920-0910 金沢市下新町6番36号 | 18 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 191号 徴収開始年月日:平成16年12月22日 区分 病床数 徴収金額 01:個室 3 2,000 02:2人室 4 1,000 03:3人室 3 04:4人室 8 04:4人室 0 全許可病床数 18床 費用徴収病床数 7床 割合 38.9% |
| 01,1544,3 | 医療法人社団 加藤整 形外科医院 | 〒921-8012 金沢市本江町8番18号 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 513号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 1 1,620 01:個室 2 1,080 01:個室 2 02:2人室 4 03:3人室 6 04:4人室 4 全許可病床数 19床 費用徴収病床数 3床 割合 15.8% |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|----------|----------------------------|-------|--|----|-----|------|-------|---|--------|-------|----|-------|-------|---|-------|-------|---|-------|--------|---|-------|--------|---|-------|--------|----|-------|--------|----|--|--------|----|--|----------|-----|-------|--------|-------|-------|--------------|-------|--------------|-------|---------------|------|------|-------|---------------|--|--|-------|---------------|--|--|-------|
| 01,1547,6 | 南ヶ丘病院 | 〒921-8141 金沢市馬替2丁目125番地 | 120 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 590号 徴収開始年月日：平成29年 7月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>3</td><td>2,700</td></tr> <tr><td>01:個室</td><td>17</td><td>3,780</td></tr> <tr><td>01:個室</td><td>3</td><td>4,320</td></tr> <tr><td>01:個室</td><td>4</td><td>5,400</td></tr> <tr><td>01:個室</td><td>2</td><td>6,480</td></tr> <tr><td>02:2人室</td><td>6</td><td>1,620</td></tr> <tr><td>02:2人室</td><td>24</td><td></td></tr> <tr><td>04:4人室</td><td>36</td><td></td></tr> <tr><td>01:個室</td><td>25</td><td></td></tr> </tbody> </table> <p>全許可病床数 120床 費用徴収病床数 35床 割合 29.2%</p> <p>医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 21号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>診療の名称</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>01:検査</td><td>1,210</td></tr> <tr><td>01:検査</td><td>1,190</td></tr> <tr><td>02:リハビリテーション</td><td>2,580</td></tr> <tr><td>02:リハビリテーション</td><td>1,850</td></tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院)第 353号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>入院料区分</th> <th>対象者数</th> <th>徴収日数</th> <th>徴収料金</th> </tr> </thead> <tbody> <tr><td>40:(一般入院)10対1</td><td></td><td></td><td>2,160</td></tr> <tr><td>12:(一般入院)特定入院</td><td></td><td></td><td>1,480</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 3 | 2,700 | 01:個室 | 17 | 3,780 | 01:個室 | 3 | 4,320 | 01:個室 | 4 | 5,400 | 01:個室 | 2 | 6,480 | 02:2人室 | 6 | 1,620 | 02:2人室 | 24 | | 04:4人室 | 36 | | 01:個室 | 25 | | 診療の名称 | 徴収額 | 01:検査 | 1,210 | 01:検査 | 1,190 | 02:リハビリテーション | 2,580 | 02:リハビリテーション | 1,850 | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 40:(一般入院)10対1 | | | 2,160 | 12:(一般入院)特定入院 | | | 1,480 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 17 | 3,780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 6,480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 1,620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,580 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40:(一般入院)10対1 | | | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12:(一般入院)特定入院 | | | 1,480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1559,1 | 整形外科米澤病院 | 〒920-0848 金沢市京町1番30号 | 72 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 468号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>2</td><td>10,800</td></tr> <tr><td>01:個室</td><td>14</td><td>4,320</td></tr> <tr><td>01:個室</td><td>2</td><td>3,240</td></tr> <tr><td>01:個室</td><td>1</td><td>2,700</td></tr> <tr><td>02:2人室</td><td>6</td><td>3,024</td></tr> <tr><td>02:2人室</td><td>8</td><td>2,160</td></tr> <tr><td>02:2人室</td><td>2</td><td>1,620</td></tr> <tr><td>02:2人室</td><td>6</td><td></td></tr> <tr><td>03:3人室</td><td>3</td><td></td></tr> <tr><td>06:4人室以上</td><td>28</td><td></td></tr> <tr><td>99:その他</td><td></td><td></td></tr> </tbody> </table> <p>全許可病床数 72床 費用徴収病床数 35床 割合 48.6%</p> <p>入院期間が180日を超える入院 (超過入院)第 345号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>入院料区分</th> <th>対象者数</th> <th>徴収日数</th> <th>徴収料金</th> </tr> </thead> <tbody> <tr><td>40:(一般入院)10対1</td><td></td><td></td><td>2,030</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 10,800 | 01:個室 | 14 | 4,320 | 01:個室 | 2 | 3,240 | 01:個室 | 1 | 2,700 | 02:2人室 | 6 | 3,024 | 02:2人室 | 8 | 2,160 | 02:2人室 | 2 | 1,620 | 02:2人室 | 6 | | 03:3人室 | 3 | | 06:4人室以上 | 28 | | 99:その他 | | | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 40:(一般入院)10対1 | | | 2,030 | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 10,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 3,024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 1,620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06:4人室以上 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99:その他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40:(一般入院)10対1 | | | 2,030 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--------|---------------------------------|-----|--|----|-----|------|-------|---|-------|--------|---|-------|--------|---|-------|--------|----|--|--------|----|--|--------|-----|----------------------|--------|-----|----------------------|
| 01,1570,8 | 川北病院 | 〒921-8031 金沢市野町 1 丁目 3 - 5 5 | 66 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 527号 徴収開始年月日：平成22年 7月10日 <table border="0"> <tr> <td>区分</td> <td>病床数</td> <td>徴収金額</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>4,000</td> </tr> <tr> <td>02:2人室</td> <td>2</td> <td>4,000</td> </tr> <tr> <td>02:2人室</td> <td>8</td> <td>3,000</td> </tr> <tr> <td>02:2人室</td> <td>26</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>24</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>4</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>66床</td> <td>費用徴収病床数 12床 割合 18.2%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 4,000 | 02:2人室 | 2 | 4,000 | 02:2人室 | 8 | 3,000 | 02:2人室 | 26 | | 03:3人室 | 24 | | 04:4人室 | 4 | | 全許可病床数 | 66床 | 費用徴収病床数 12床 割合 18.2% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 66床 | 費用徴収病床数 12床 割合 18.2% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1620,1 | 石野病院 | 〒921-8023 金沢市千日町 7 番 1 5 号 | 60 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 521号 徴収開始年月日：平成26年 9月25日 <table border="0"> <tr> <td>区分</td> <td>病床数</td> <td>徴収金額</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>3,000</td> </tr> <tr> <td>02:2人室</td> <td>2</td> <td>3,000</td> </tr> <tr> <td>02:2人室</td> <td>8</td> <td>2,000</td> </tr> <tr> <td>03:3人室</td> <td>33</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>16</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>60床</td> <td>費用徴収病床数 11床 割合 18.3%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 3,000 | 02:2人室 | 2 | 3,000 | 02:2人室 | 8 | 2,000 | 03:3人室 | 33 | | 04:4人室 | 16 | | 全許可病床数 | 60床 | 費用徴収病床数 11床 割合 18.3% | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 60床 | 費用徴収病床数 11床 割合 18.3% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|----------------------------------|----------------------------|-----|---|
| 01,1628,4 | 医療法人社団浅ノ川 心臓血管センター金沢 循環器病院 | 〒920-0007 金沢市田中町は16番地 | 184 | <p>医薬品の治験に係る診療 (治験診療)第 65号 治験薬名称 イバブラジン塩酸塩 徴収開始年月日:平成28年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第 相 2</p> <p>医療機器の治験に係る診療 (機器治験)第 14号 治験機器名称 Comboステント(識別番号0 BF-14J01 徴収開始年月日:平成28年 7月 1日 区分 対象患者数 徴収額 3:第 相 14 3:第 相 12</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 459号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 2 27,000 01:個室 1 16,200 01:個室 10 5,400 01:個室 7 3,780 02:2人室 10 1,620 02:2人室 6 04:4人室 184 05:5人室以上 10 全許可病床数 230床 費用徴収病床数 30床 割合 13.0%</p> <p>時間外診察 (時間外診察)第 6号 徴収額 700 徴収開始年月日:平成18年 9月 1日</p> <p>入院期間が180日を超える入院 (超過入院)第 349号 入院料区分 対象者数 徴収開始年月日:平成26年 4月 1日 38:(一般入院)7対1入 徴収日数 徴収料金 2,581 11:(一般入院)特別入院 1,566</p> |
| 01,1650,8 | さがら整形外科医院 | 〒920-0342 金沢市畝田西3丁目203 | 19 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 469号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 2 5,400 01:個室 2 3,240 02:2人室 4 05:5人室以上 11 全許可病床数 19床 費用徴収病床数 4床 割合 21.1%</p> |
| 01,1665,6 | 半田内科医院 | 〒920-0942 金沢市小立野3-28-17 | | <p>医薬品の治験に係る診療 (治験診療)第 82号 治験薬名称 インフルエンザ治療薬 徴収開始年月日:平成27年11月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第 相 11</p> |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|-------------|-----------------------------|-----|--|
| 01,1667,2 | さいとう内科医院 | 〒921-8162 金沢市三馬 1丁目400番地 | | 医薬品の治験に係る診療 (治験診療)第 55号 治験薬名称 インフルエンザ治療薬 徴収開始年月日:平成27年11月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 2:第 相 10 |
| 01,1671,4 | 三秋整形外科医院 | 〒920-0015 金沢市諸江町上丁320番地 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 317号 徴収開始年月日:平成19年 9月25日 区分 病床数 徴収金額 01:個室 1 02:2人室 2 1,000 03:3人室 6 04:4人室 4 05:5人室以上 6 全許可病床数 19床 費用徴収病床数 2床 割合 10.5% |
| 01,1676,3 | 鈴木レディスホスピタル | 〒921-8033 金沢市寺町2丁目8番36号 | 28 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 542号 徴収開始年月日:平成26年10月 1日 区分 病床数 徴収金額 01:個室 3 6,480 01:個室 5 5,400 01:個室 1 4,320 01:個室 3 3,780 01:個室 1 3,240 01:個室 1 1,620 01:個室 12 03:3人室 3 全許可病床数 29床 費用徴収病床数 14床 割合 48.3% 入院期間が180日を超える入院 (超過入院)第 372号 入院料区分 対象者数 徴収開始年月日:平成16年 5月12日 40:(一般入院)10対1 3 徴収日数 徴収料金 2,160 |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------|------------------------------|---------|---|----|-----|------|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|--|--------|---|-------|--------|---|-------|--------|---|--|--------|----|--|-------|-----|--------------|-------|--------------|-------|--------------|-------|--------------|-------|--------------|-----|-------|-------|-------|-------|----|-------|----|----|-------|--|---------|---------|------|--|---------|---------|---------|--|---------|---------|--------|--|---------|---------|
| 01,1699,5 (01,3350,9) | 木島病院 | 〒920-0011 金沢市松寺町子4 1 番地 1 | 88 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 471号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>1</td><td>8,228</td></tr> <tr><td>01:個室</td><td>1</td><td>6,171</td></tr> <tr><td>01:個室</td><td>1</td><td>5,348</td></tr> <tr><td>01:個室</td><td>7</td><td>5,141</td></tr> <tr><td>01:個室</td><td>4</td><td>4,320</td></tr> <tr><td>01:個室</td><td>2</td><td>3,290</td></tr> <tr><td>01:個室</td><td>2</td><td>2,570</td></tr> <tr><td>01:個室</td><td>2</td><td></td></tr> <tr><td>02:2人室</td><td>8</td><td>1,644</td></tr> <tr><td>02:2人室</td><td>8</td><td>1,337</td></tr> <tr><td>02:2人室</td><td>4</td><td></td></tr> <tr><td>04:4人室</td><td>48</td><td></td></tr> </tbody> </table> <p>全許可病床数 88床 費用徴収病床数 34床 割合 38.6%</p> <p>医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 20号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>診療の名称</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>02:リハビリテーション</td><td>2,160</td></tr> <tr><td>02:リハビリテーション</td><td>1,080</td></tr> <tr><td>02:リハビリテーション</td><td>1,944</td></tr> <tr><td>02:リハビリテーション</td><td>1,836</td></tr> <tr><td>02:リハビリテーション</td><td>918</td></tr> <tr><td>01:検査</td><td>1,209</td></tr> <tr><td>01:検査</td><td>1,188</td></tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院)第 350号 入院料区分 対象者数 徴収開始年月日：平成26年 4月 1日 38:(一般入院)7対1入 徴収日数 徴収料金 2,570</p> <p>金属床による総義歯の提供 (金属総義歯)第 168号 徴収開始年月日：平成21年 7月 1日</p> <table border="1"> <thead> <tr> <th>金属</th> <th>その他金属</th> <th>上顎</th> <th>下顎</th> </tr> </thead> <tbody> <tr><td>01:白金</td><td></td><td>500,000</td><td>500,000</td></tr> <tr><td>02:金</td><td></td><td>400,000</td><td>400,000</td></tr> <tr><td>03:コバルト</td><td></td><td>150,000</td><td>150,000</td></tr> <tr><td>04:チタン</td><td></td><td>250,000</td><td>250,000</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 8,228 | 01:個室 | 1 | 6,171 | 01:個室 | 1 | 5,348 | 01:個室 | 7 | 5,141 | 01:個室 | 4 | 4,320 | 01:個室 | 2 | 3,290 | 01:個室 | 2 | 2,570 | 01:個室 | 2 | | 02:2人室 | 8 | 1,644 | 02:2人室 | 8 | 1,337 | 02:2人室 | 4 | | 04:4人室 | 48 | | 診療の名称 | 徴収額 | 02:リハビリテーション | 2,160 | 02:リハビリテーション | 1,080 | 02:リハビリテーション | 1,944 | 02:リハビリテーション | 1,836 | 02:リハビリテーション | 918 | 01:検査 | 1,209 | 01:検査 | 1,188 | 金属 | その他金属 | 上顎 | 下顎 | 01:白金 | | 500,000 | 500,000 | 02:金 | | 400,000 | 400,000 | 03:コバルト | | 150,000 | 150,000 | 04:チタン | | 250,000 | 250,000 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 8,228 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 6,171 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,348 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 5,141 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,290 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,570 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 1,644 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 1,337 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,944 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,836 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 918 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,209 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,188 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金属 | その他金属 | 上顎 | 下顎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:白金 | | 500,000 | 500,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:金 | | 400,000 | 400,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:コバルト | | 150,000 | 150,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:チタン | | 250,000 | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|------------|-------------------------------|-----|--|
| 01,1706,8 | 石川県済生会金沢病院 | 〒920-0353 金沢市赤土町二 1 3 - 6 | 260 | <p>医薬品の治験に係る診療 (治験診療)第 97号 治験薬名称 GSK1278863 HFT-290(フェンタニルク MK-7264 徴収開始年月日:平成28年 7月 7日 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第 相 10 3:外用薬 3:第 相 5 1:内服薬 2:第 相 2</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 510号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 6 16,200 01:個室 3 10,800 01:個室 22 8,640 01:個室 17 6,480 01:個室 11 5,400 01:個室 6 03:3人室 15 04:4人室 40 05:5人室以上 140 全許可病床数 260床 費用徴収病床数 59床 割合 22.7%</p> <p>200床以上の病院の初診 (病院初診)第 53号 徴収額 初診患者数 徴収患者数 2,160 徴収開始年月日:平成26年 4月 1日</p> <p>医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 19号 診療の名称 徴収額 02:リハビリテーション 2,650 02:リハビリテーション 1,940 02:リハビリテーション 1,890</p> <p>入院期間が180日を超える入院 (超過入院)第 364号 入院料区分 対象者数 徴収開始年月日:平成26年 4月 1日 38:(一般入院)7対1入 徴収日数 徴収料金 2,580</p> |
| 01,1714,2 | 青和病院 | 〒920-0205 金沢市大浦町水 2 2 番地 1 | 130 | <p>医薬品の治験に係る診療 (治験診療)第 66号 治験薬名称 MP-214(A4) MP-214(A5) 徴収開始年月日:平成28年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 2:第 相 4 1:内服薬 2:第 相 4</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 605号 徴収開始年月日:平成22年 2月17日 区分 病床数 徴収金額 01:個室 5 864 01:個室 13 540 02:2人室 16 324 04:4人室 96 全許可病床数 130床 費用徴収病床数 34床 割合 26.2%</p> |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|-------------------|----------------------------|-----|---|
| 01,1716,7 | 安田内科病院 | 〒921-8047 金沢市大豆田本町八62番地 | 70 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 534号 徴収開始年月日:平成19年 8月 1日 区分 病床数 徴収金額 01:個室 5 6,480 01:個室 3 3,240 02:2人室 2 540 03:3人室 3 04:4人室 36 全許可病床数 49床 費用徴収病床数 10床 割合 20.4% 入院期間が180日を超える入院 (超過入院)第 383号 入院料区分 対象者数 徴収日数 徴収料金 48:(一般入院) 群2 1,660 48:(一般入院) 群2 1,660 |
| 01,1734,0 | 医療法人社団 金沢宗 広病院 | 〒920-0923 金沢市桜町24の30 | 54 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 458号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 4 4,320 01:個室 1 6,480 01:個室 2 7,560 01:個室 2 10,800 02:2人室 2 2,160 03:3人室 9 05:5人以上 34 全許可病床数 54床 費用徴収病床数 11床 割合 20.4% 入院期間が180日を超える入院 (超過入院)第 344号 入院料区分 対象者数 徴収日数 徴収料金 42:(一般入院) 15対1 1,560 |
| 01,1742,3 | 医療法人社団十全会 十全病院 | 〒920-1155 金沢市田上本町力45番地1 | 264 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 473号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 10 540 01:個室 4 1,080 01:個室 14 02:2人室 4 648 04:4人室 232 全許可病床数 264床 費用徴収病床数 18床 割合 6.8% |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|--------------------------|---------------------|-------------------------------------|-----|--|
| 01,1743,1 | 医療法人財団医王会 医王ヶ丘病院 | 〒920-1155 金沢市田上本町ヨ 2 4 番地 5 | 88 | <p>医薬品の治験に係る診療 (治験診療)第 67号 治験薬名称 MP - 2 1 4 (A 4) MP - 2 1 4 (A 5) O P C - 34712 D S P - 5 4 2 3 P</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 533号</p> <p>徴収開始年月日：平成28年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 2:第 相 2 1:内服薬 2:第 相 1 1:内服薬 2:第 相 2 3:外用薬 3:第 相 3</p> <p>徴収開始年月日：平成27年 2月 1日 区分 病床数 徴収金額 01:個室 8 2,160 04:4人室 80 全許可病床数 88床 費用徴収病床数 8床 割合 9.1%</p> |
| 01,1750,6 | 森下整形外科医院 | 〒921-8066 金沢市矢木 1 - 9 6 | 19 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 174号</p> <p>徴収開始年月日：平成16年 8月 5日 区分 病床数 徴収金額 01:個室 1 7,000 01:個室 6 5,000 99:その他 12 全許可病床数 19床 費用徴収病床数 7床 割合 36.8%</p> |
| 01,1762,1 (01,3382,2) | 医療法人社団 浅ノ川 桜ヶ丘病院 | 〒920-3112 金沢市観法寺町へ 1 7 4 番地 | 496 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 574号</p> <p>徴収開始年月日：平成28年10月 1日 区分 病床数 徴収金額 01:個室 6 1,080 01:個室 34 02:2人室 50 03:3人室 6 04:4人室 400 全許可病床数 496床 費用徴収病床数 6床 割合 1.2%</p> |
| 01,1777,9 | 石田病院 | 〒921-8033 金沢市寺町 3 丁目 1 0 番 1 5 号 | 40 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 474号</p> <p>徴収開始年月日：平成26年 4月 1日 区分 病床数 徴収金額 01:個室 2 6,480 01:個室 2 5,400 01:個室 3 4,320 01:個室 7 3,240 01:個室 2 02:2人室 2 8,640 02:2人室 2 7,560 02:2人室 2 2,160 02:2人室 4 03:3人室 6 04:4人室 8 全許可病床数 40床 費用徴収病床数 20床 割合 50.0%</p> |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|-------------|----------------------------|-----|---|
| 01,1789,4 | 結城病院 | 〒921-8173 金沢市円光寺3丁目2番7号 | 129 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 582号 徴収開始年月日:平成29年 2月 1日 区分 病床数 徴収金額 01:個室 3 1,500 01:個室 5 1,000 01:個室 6 02:2人室 10 03:3人室 9 04:4人室 96 全許可病床数 129床 費用徴収病床数 8床 割合 6.2% |
| 01,1791,0 | すずみが丘病院 | 〒920-1167 金沢市もりの里3丁目7番地 | 97 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 503号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 15 3,240 01:個室 10 4,320 01:個室 2 5,400 01:個室 1 8,640 01:個室 1 9,720 02:2人室 4 1,620 04:4人室 64 全許可病床数 97床 費用徴収病床数 33床 割合 34.0% 入院期間が180日を超える入院 (超過入院)第 384号 入院料区分 対象者数 徴収開始年月日:平成16年 4月 1日 54:(一般入院) 群3 徴収日数 徴収料金 1,600 |
| 01,1797,7 | ふたば乳腺クリニック | 〒920-0367 金沢市北塚西3番地 | 12 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 258号 徴収開始年月日:平成18年 3月15日 区分 病床数 徴収金額 01:個室 6 8,400 01:個室 2 04:4人室 4 全許可病床数 12床 費用徴収病床数 6床 割合 50.0% |
| 01,1803,3 | 三治整形外科クリニック | 〒920-0226 金沢市栗崎町1丁目4番地2 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 476号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 3 4,320 02:2人室 6 1,620 02:2人室 2 04:4人室 8 全許可病床数 19床 費用徴収病床数 9床 割合 47.4% |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|--------------------------|----------------------|-----------------------------|-----|---|
| 01,1804,1 (01,3399,6) | 独立行政法人地域医療機能推進機構金沢病院 | 〒920-0013 金沢市沖町八の部 1 5 番 | 248 | <p>医薬品の治験に係る診療 (治験診療)第 85号 治験薬名称 GSK2834425 DUPILUMAB GSK2834425 DUPILUMAB DUPILUMAB DUPILUMAB 徴収開始年月日：平成28年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第 相 5 2:注射薬 2:第 相 1 1:内服薬 3:第 相 3 2:注射薬 2:第 相 1 2:注射薬 3:第 相 1</p> <p>薬機法に基づく承認又は認証を受けた医療機器の使用 (機器使用)第 3号 徴収開始年月日：平成29年 2月 1日 医療機器の販売名 徴収額 医療機器管理室 技師の人数 Freestyle リブレ R 8,440 1:有 4 Freestyle リブレセン 8,440 1:有 4</p> <p>薬価基準の収載医薬品の薬機法と異なる用法等に係る投与 (薬価基準)第 5号 徴収開始年月日：平成17年 8月 1日 販売名 徴収額 ストロメクトール錠 3mg 781</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 612号 徴収開始年月日：平成28年 4月 1日 区分 病床数 徴収金額 01:個室 7 9,720 01:個室 61 5,400 01:個室 16 02:2人室 18 2,700 04:4人室 140 05:5人室以上 6 全許可病床数 248床 費用徴収病床数 86床 割合 34.7%</p> <p>200床以上の病院の初診 (病院初診)第 49号 徴収開始年月日：平成26年 4月 1日 徴収額 初診患者数 徴収患者数 2,160</p> <p>入院期間が180日を超える入院 (超過入院)第 361号 徴収開始年月日：平成26年 4月 1日 入院料区分 対象者数 徴収日数 徴収料金 38:(一般入院)7対1入 2,580</p> |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|----------------------|-----------------------------|-----|--|----|-----|------|-------|---|--------|-------|---|--------|-------|---|--------|-------|---|-------|-------|---|-------|-------|---|-------|-------|----|-------|-------|---|-------|-------|---|-------|--------|----|-------|--------|----|--|--------|-----|--|
| 01,1823,1 | 医療法人社団浅ノ川 浅ノ川総合病院 | 〒920-0811 金沢市小坂町中 8 3 番地 | 499 | <p>医薬品の治験に係る診療 (治験診療)第 69号 治験薬名称 E2007 徴収開始年月日:平成28年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第 相 3</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 576号 徴収開始年月日:平成28年10月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>2</td><td>16,200</td></tr> <tr><td>01:個室</td><td>3</td><td>12,960</td></tr> <tr><td>01:個室</td><td>1</td><td>10,800</td></tr> <tr><td>01:個室</td><td>8</td><td>8,640</td></tr> <tr><td>01:個室</td><td>3</td><td>5,400</td></tr> <tr><td>01:個室</td><td>3</td><td>4,860</td></tr> <tr><td>01:個室</td><td>44</td><td>4,320</td></tr> <tr><td>01:個室</td><td>3</td><td>3,780</td></tr> <tr><td>01:個室</td><td>2</td><td>3,240</td></tr> <tr><td>02:2人室</td><td>60</td><td>1,620</td></tr> <tr><td>02:2人室</td><td>14</td><td></td></tr> <tr><td>04:4人室</td><td>356</td><td></td></tr> </tbody> </table> <p>全許可病床数 499床 費用徴収病床数 129床 割合 25.9%</p> <p>200床以上の病院の初診 (病院初診)第 47号 徴収額 初診患者数 徴収患者数 2,160 徴収開始年月日:平成26年 4月 1日</p> <p>入院期間が180日を超える入院 (超過入院)第 346号 入院料区分 対象者数 徴収日数 徴収料金 38:(一般入院)7対1入 2,581 12:(一般入院)特定入院 1,566</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 16,200 | 01:個室 | 3 | 12,960 | 01:個室 | 1 | 10,800 | 01:個室 | 8 | 8,640 | 01:個室 | 3 | 5,400 | 01:個室 | 3 | 4,860 | 01:個室 | 44 | 4,320 | 01:個室 | 3 | 3,780 | 01:個室 | 2 | 3,240 | 02:2人室 | 60 | 1,620 | 02:2人室 | 14 | | 04:4人室 | 356 | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 16,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 12,960 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 10,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 8,640 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 4,860 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 44 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 3,780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 60 | 1,620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 356 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|-------------------------|-----------------------------|-------|--|-------|-------|------|-------|-----|------------|--------|-------|-------|--------|-----|-------|--------|------|---------------------|-------|-----|--------------|-------|--------------|-------|--------------|-------|--------------|--------|--------------|-------|--------------|-------|--------------|--------|--------------|----------------------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|
| 01,1824,9 | 医療法人社団浅ノ川千木病院 | 〒920-0001 金沢市千木町へ33番地の1 | 500 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 477号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>18</td> <td>2,160</td> </tr> <tr> <td>02:2人室</td> <td>18</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>412</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>448床</td> <td>費用徴収病床数 18床 割合 4.0%</td> </tr> </tbody> </table> <p>医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 29号 徴収開始年月日:平成28年10月 1日</p> <table border="1"> <thead> <tr> <th>診療の名称</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>02:リハビリテーション</td><td>2,646</td></tr> <tr><td>02:リハビリテーション</td><td>1,944</td></tr> <tr><td>02:リハビリテーション</td><td>1,998</td></tr> <tr><td>02:リハビリテーション</td><td>1,587</td></tr> <tr><td>02:リハビリテーション</td><td>1,166</td></tr> <tr><td>02:リハビリテーション</td><td>1,198</td></tr> <tr><td>02:リハビリテーション</td><td>2,386</td></tr> <tr><td>02:リハビリテーション</td><td>1,744</td></tr> <tr><td>02:リハビリテーション</td><td>1,803</td></tr> <tr><td>02:リハビリテーション</td><td>1,425</td></tr> <tr><td>02:リハビリテーション</td><td>1,047</td></tr> <tr><td>02:リハビリテーション</td><td>1,080</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 18 | 2,160 | 02:2人室 | 18 | | 04:4人室 | 412 | | 全許可病床数 | 448床 | 費用徴収病床数 18床 割合 4.0% | 診療の名称 | 徴収額 | 02:リハビリテーション | 2,646 | 02:リハビリテーション | 1,944 | 02:リハビリテーション | 1,998 | 02:リハビリテーション | 1,587 | 02:リハビリテーション | 1,166 | 02:リハビリテーション | 1,198 | 02:リハビリテーション | 2,386 | 02:リハビリテーション | 1,744 | 02:リハビリテーション | 1,803 | 02:リハビリテーション | 1,425 | 02:リハビリテーション | 1,047 | 02:リハビリテーション | 1,080 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 18 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 412 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 448床 | 費用徴収病床数 18床 割合 4.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,646 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,944 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,587 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,166 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,198 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,386 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,744 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,803 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,425 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,047 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1877,7 | 医療法人社団 博洋会 藤井脳神経外科病院 | 〒920-0362 金沢市古府1丁目150 | 105 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 478号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>7</td><td>4,320</td></tr> <tr><td>01:個室</td><td>2</td><td>2,260</td></tr> <tr><td>01:個室</td><td>4</td><td>2,370</td></tr> <tr><td>01:個室</td><td>8</td><td>2,780</td></tr> <tr><td>01:個室</td><td>2</td><td>2,880</td></tr> <tr><td>01:個室</td><td>1</td><td>2,980</td></tr> <tr><td>02:2人室</td><td>10</td><td>3,020</td></tr> <tr><td>03:3人室</td><td>3</td><td></td></tr> <tr><td>04:4人室</td><td>68</td><td></td></tr> <tr> <td>全許可病床数</td> <td>105床</td> <td>費用徴収病床数 34床 割合 32.4%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院)第 371号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>入院料区分</th> <th>対象者数</th> <th>徴収日数</th> <th>徴収料金</th> </tr> </thead> <tbody> <tr> <td>41:(一般入院)</td> <td>13対1</td> <td></td> <td>1,816</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 7 | 4,320 | 01:個室 | 2 | 2,260 | 01:個室 | 4 | 2,370 | 01:個室 | 8 | 2,780 | 01:個室 | 2 | 2,880 | 01:個室 | 1 | 2,980 | 02:2人室 | 10 | 3,020 | 03:3人室 | 3 | | 04:4人室 | 68 | | 全許可病床数 | 105床 | 費用徴収病床数 34床 割合 32.4% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 41:(一般入院) | 13対1 | | 1,816 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,260 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 2,370 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 2,780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,880 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 2,980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | 3,020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 105床 | 費用徴収病床数 34床 割合 32.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41:(一般入院) | 13対1 | | 1,816 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1880,1 | わかさ内科クリニック | 〒920-0024 金沢市西念3丁目16番25号 | | <p>医薬品の治験に係る診療 (治験診療)第 54号 徴収開始年月日:平成27年11月 1日</p> <table border="1"> <thead> <tr> <th>治験薬名称</th> <th>内・注・外</th> <th>区分</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>インフルエンザ治療薬</td> <td>1:内服薬</td> <td>2:第 相</td> <td>5</td> <td></td> </tr> </tbody> </table> | 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | インフルエンザ治療薬 | 1:内服薬 | 2:第 相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| インフルエンザ治療薬 | 1:内服薬 | 2:第 相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|-------------------|----------------------------------|-----|--|
| 01,1889,2 | 城北診療所 | 〒920-0848 金沢市京町2 3 番 5 号 | | 医薬品の治験に係る診療 (治験診療)第 81号 治験薬名称 L B A L 関節リウマチ 徴収開始年月日:平成29年 7月 5日 内・注・外 区分 対象患者数 徴収額 2:注射薬 3:第 相 3 |
| 01,1925,4 | 医療法人社団 つちや 医院 | 〒920-3114 金沢市吉原町ヨ 1 3 0 - 2 | | 時間外診察 (時間外診察)第 5号 徴収額 850 650 徴収開始年月日:平成18年 7月18日 |
| 01,1953,6 | 金沢有松病院 | 〒921-8161 金沢市有松5 丁目 1 番 7 号 | 140 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 512号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 2 10,000 01:個室 2 6,000 01:個室 8 5,000 01:個室 6 4,000 01:個室 12 3,000 01:個室 15 2,000 01:個室 3 02:2人室 24 1,000 02:2人室 4 04:4人室 64 全許可病床数 140床 費用徴収病床数 69床 割合 49.3% |
| 01,1962,7 | 産科婦人科 佐川クリ ニック | 〒921-8065 金沢市上荒屋1 丁目 3 0 8 番地 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 274号 徴収開始年月日:平成18年 8月 1日 区分 病床数 徴収金額 01:個室 3 4,000 01:個室 7 04:4人室 4 1,500 全許可病床数 14床 費用徴収病床数 7床 割合 50.0% |
| 01,1963,5 | 柳田眼科クリニック | 〒920-0935 金沢市石引1 丁目 1 7 - 5 | 7 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 447号 徴収開始年月日:平成26年 2月 3日 区分 病床数 徴収金額 01:個室 1 6,000 03:3人室 6 全許可病床数 7床 費用徴収病床数 1床 割合 14.3% |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|-------------------|------------------------------|-----|---|
| 01,1968,4 | うきた産婦人科医院 | 〒921-8013 金沢市新神田4丁目7番25号 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 480号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 2 8,640 01:個室 1 6,480 01:個室 1 5,400 01:個室 4 4,320 02:2人室 8 03:3人室 3 全許可病床数 19床 費用徴収病床数 8床 割合 42.1% |
| 01,1973,4 | 細川整形外科医院 | 〒920-0947 金沢市笠舞本町1丁目6番23号 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 481号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 3 2,700 04:4人室 16 全許可病床数 19床 費用徴収病床数 3床 割合 15.8% |
| 01,1976,7 | 医療法人社団和宏会 敬愛病院 | 〒920-0931 金沢市兼六元町14番21号 | 276 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 531号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 8 4,320 01:個室 9 3,240 01:個室 1 1,620 02:2人室 8 1,620 02:2人室 2 04:4人室 152 全許可病床数 180床 費用徴収病床数 26床 割合 14.4% |
| 01,1989,0 | 金沢春日クリニック | 〒920-0036 金沢市元菊町20番1号 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 309号 徴収開始年月日:平成19年 8月10日 区分 病床数 徴収金額 01:個室 3 2,500 03:3人室 6 05:5人以上 10 全許可病床数 19床 費用徴収病床数 3床 割合 15.8% |
| 01,2044,3 | みやうち眼科 | 〒920-0348 金沢市松村4丁目305番 | | 医薬品の治験に係る診療 (治験診療)第 60号 徴収開始年月日:平成27年 5月 1日 治験薬名称 内・注・外 区分 対象患者数 徴収額 KCT-0809 3:外用薬 3:第相 4 KCT-0809 3:外用薬 3:第相 4 |
| 01,2080,7 | さいとう眼科 | 〒920-0867 金沢市長土堀2丁目7番27号 | | 医薬品の治験に係る診療 (治験診療)第 87号 徴収開始年月日:平成29年 3月17日 治験薬名称 内・注・外 区分 対象患者数 徴収額 SJP-0135 3:外用薬 3:第相 7 0 |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|--------------------|----------------------------|-----|---|
| 01,2142,5 | 伊藤病院 | 〒920-0976 金沢市十三間町9番地 | 28 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 583号 徴収開始年月日:平成29年 1月 1日 区分 病床数 徴収金額 01:個室 1 4,860 01:個室 1 8,640 01:個室 1 10,800 01:個室 1 11,880 02:2人室 10 3,132 02:2人室 14 全許可病床数 28床 費用徴収病床数 14床 割合 50.0% |
| 01,2143,3 | まなぶ産科婦人科クリニック | 〒921-8045 金沢市大桑2丁目307番地 | 12 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 581号 徴収開始年月日:平成29年 1月 1日 区分 病床数 徴収金額 01:個室 6 3,000 01:個室 4 02:2人室 2 全許可病床数 12床 費用徴収病床数 6床 割合 50.0% |
| 02,1031,9 | 社会医療法人財団董仙会 恵寿総合病院 | 〒926-0866 七尾市富岡町9番地 | 426 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 566号 徴収開始年月日:平成28年 4月 1日 区分 病床数 徴収金額 01:個室 1 32,400 01:個室 3 16,200 01:個室 44 8,640 01:個室 15 7,560 01:個室 5 7,020 01:個室 7 5,400 01:個室 3 10,800 02:2人室 4 2,160 01:個室 2 02:2人室 2 03:3人室 6 04:4人室 292 05:5人室以上 42 全許可病床数 426床 費用徴収病床数 82床 割合 19.2% 200床以上の病院の初診 (病院初診)第 41号 徴収開始年月日:平成26年 4月 1日 徴収額 初診患者数 徴収患者数 2,160 入院期間が180日を超える入院 (超過入院)第 373号 徴収開始年月日:平成18年12月 1日 入院料区分 対象者数 徴収日数 徴収料金 38:(一般入院)7対1入 2,390 |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|------------|-------------------------------|-----|--|
| 02,1075,6 | 円山病院 | 〒926-0041 七尾市府中町6 8 番地の3 | 48 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 563号 徴収開始年月日:平成28年 4月 1日 区分 病床数 徴収金額 01:個室 14 2,160 01:個室 2 3,240 01:個室 2 04:4人室 28 全許可病床数 46床 費用徴収病床数 16床 割合 34.8% 入院期間が180日を超える入院 (超過入院)第 363号 入院料区分 対象者数 徴収開始年月日:平成26年 4月 1日 徴収日数 徴収料金 42:(一般入院)15対1 1,550 |
| 02,1088,9 | 桑原母と子クリニック | 〒926-0821 七尾市国分町ラ部2 番地 1 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 242号 徴収開始年月日:平成17年12月13日 区分 病床数 徴収金額 01:個室 1 5,500 01:個室 6 04:4人室 8 2,300 04:4人室 4 全許可病床数 19床 費用徴収病床数 9床 割合 47.4% |
| 02,1093,9 | 北村病院 | 〒926-0811 七尾市御祓町ホ部2 6 の5 | 41 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 231号 徴収開始年月日:平成17年10月 1日 区分 病床数 徴収金額 01:個室 5 1,600 01:個室 5 1,500 02:2人室 2 3,500 02:2人室 10 03:3人室 3 04:4人室 16 全許可病床数 41床 費用徴収病床数 12床 割合 29.3% 医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 23号 徴収開始年月日:平成26年 4月 1日 診療の名称 徴収額 02:リハビリテーション 850 02:リハビリテーション 850 |
| 02,1095,4 | 国下整形外科医院 | 〒926-0016 七尾市大和町チ部1 5 番地 3 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 167号 徴収開始年月日:平成16年 8月 1日 区分 病床数 徴収金額 01:個室 1 4,200 01:個室 1 3,150 01:個室 1 2,100 02:2人室 4 1,050 04:4人室 12 全許可病床数 19床 費用徴収病床数 7床 割合 36.8% |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|--------------------------|---------------------|--------------------------------|-----|---|
| 02,1098,8 | 医療法人財団 愛生会 浜野西病院 | 〒926-0853 七尾市津向町野中 2 0 番 1 | 144 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 93号 徴収開始年月日:平成14年 4月 1日 区分 病床数 徴収金額 01:個室 6 3,000 02:2人室 6 1,500 04:4人室 36 全許可病床数 48床 費用徴収病床数 12床 割合 25.0% |
| 02,1104,4 | 森クリニック | 〒926-0821 七尾市国分町セ部 3 2 番地 3 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 243号 徴収開始年月日:平成17年12月 9日 区分 病床数 徴収金額 01:個室 7 4,200 04:4人室 12 全許可病床数 19床 費用徴収病床数 7床 割合 36.8% |
| 02,1124,2 (02,3066,9) | 公立能登総合病院 | 〒926-0816 七尾市藤橋町ア部 6 番地 4 | 434 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 577号 徴収開始年月日:平成28年10月 1日 区分 病床数 徴収金額 01:個室 3 10,800 01:個室 29 6,480 01:個室 22 4,320 01:個室 36 02:2人室 20 2,160 02:2人室 12 04:4人室 312 全許可病床数 434床 費用徴収病床数 74床 割合 17.1% 200床以上の病院の初診 (病院初診)第 54号 徴収開始年月日:平成26年 4月 1日 徴収額 初診患者数 徴収患者数 2,160 入院期間が180日を超える入院 (超過入院)第 351号 徴収開始年月日:平成26年 4月 1日 入院料区分 対象者数 徴収日数 徴収料金 38:(一般入院)7対1入 2,390 |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|----------------------------------|------------------------------|-----|---|----|-----|------|-------|----|-------|-------|---|-------|--------|---|--|--------|----|--|--------|-----|--|--------|------|--|-------|-----|-------|-------|-------|-------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|
| 03,1092,9 (03,3063,4) | 特定医療法人社団勝木 会 やわたメディカル センター | 〒923-0833 小松市八幡イ 1 2 の 7 | 227 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 609号 徴収開始年月日：平成26年 7月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>19</td> <td>5,400</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>7,560</td> </tr> <tr> <td>01:個室</td> <td>5</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>4</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>196</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>227床</td> <td></td> </tr> </tbody> </table> <p>費用徴収病床数 22床 割合 9.7%</p> <p>時間外診察 (時間外診察)第 19号 徴収額 702 徴収開始年月日：平成26年 4月 1日</p> <p>200床以上の病院の初診 (病院初診)第 58号 徴収額 初診患者数 徴収患者数 1,620 徴収開始年月日：平成26年 4月 1日</p> <p>医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 32号 徴収開始年月日：平成27年 5月 1日</p> <table border="1"> <thead> <tr> <th>診療の名称</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>01:検査</td> <td>1,210</td> </tr> <tr> <td>01:検査</td> <td>1,188</td> </tr> <tr> <td>02:リハビリテーション</td> <td>2,646</td> </tr> <tr> <td>02:リハビリテーション</td> <td>1,998</td> </tr> <tr> <td>02:リハビリテーション</td> <td>1,890</td> </tr> <tr> <td>02:リハビリテーション</td> <td>2,214</td> </tr> <tr> <td>02:リハビリテーション</td> <td>1,944</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院)第 357号 入院料区分 対象者数 徴収開始年月日：平成26年 4月 1日 38:(一般入院)7対1入 徴収日数 徴収料金 11:(一般入院)特別入院 946</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 19 | 5,400 | 01:個室 | 3 | 7,560 | 01:個室 | 5 | | 02:2人室 | 4 | | 04:4人室 | 196 | | 全許可病床数 | 227床 | | 診療の名称 | 徴収額 | 01:検査 | 1,210 | 01:検査 | 1,188 | 02:リハビリテーション | 2,646 | 02:リハビリテーション | 1,998 | 02:リハビリテーション | 1,890 | 02:リハビリテーション | 2,214 | 02:リハビリテーション | 1,944 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 19 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 7,560 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 196 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 227床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,188 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,646 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,890 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,214 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,944 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1130,7 | 田谷泌尿器科医院 | 〒923-0801 小松市園町二 2 9 番地 1 | 18 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 172号 徴収開始年月日：平成11年 8月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>2</td> <td>7,350</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>5,250</td> </tr> <tr> <td>02:2人室</td> <td>2</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>12</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>19床</td> <td></td> </tr> </tbody> </table> <p>費用徴収病床数 5床 割合 26.3%</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 7,350 | 01:個室 | 3 | 5,250 | 02:2人室 | 2 | | 04:4人室 | 12 | | 全許可病床数 | 19床 | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 7,350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 5,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 19床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--------|-------------------------|-----|--|----|-----|------|-------|---|--------|-------|---|-------|-------|---|-------|-------|---|-------|--------|----|--|--------|---|--|--------|---|--|--------|-----|----------------------|
| 03,1132,3 | 恵愛病院 | 〒923-0801 小松市園町八55番地 | 36 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 517号 徴収開始年月日：平成24年 4月 1日 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>1</td> <td>10,000</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>7,000</td> </tr> <tr> <td>01:個室</td> <td>5</td> <td>5,000</td> </tr> <tr> <td>01:個室</td> <td>8</td> <td>4,000</td> </tr> <tr> <td>02:2人室</td> <td>10</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>6</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>4</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>36床</td> <td>費用徴収病床数 16床 割合 44.4%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 10,000 | 01:個室 | 2 | 7,000 | 01:個室 | 5 | 5,000 | 01:個室 | 8 | 4,000 | 02:2人室 | 10 | | 03:3人室 | 6 | | 04:4人室 | 4 | | 全許可病床数 | 36床 | 費用徴収病床数 16床 割合 44.4% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 7,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 36床 | 費用徴収病床数 16床 割合 44.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-------------------|------------------------------|-----|---|-------|----|---|--|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|----|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-------|-----|---|---|-----------------|-------|-----|---|-----------------|-------|-----|---|----|-----|------|-------|----|-------|-------|---|-------|-------|----|-------|-------|---|--------|-------|----|--|--------|----|--|--------|---|--|--------|-----|--|
| 03,1136,4 (03,3071,7) | 国民健康保険 小松市 民病院 | 〒923-0961 小松市向本折町ホ 6 0 番地 | 344 | <p>医薬品の治験に係る診療 (治験診療)第 86号 治験薬名称 Alirocuma b GSK284435 KHK7580 Alirocuma b ASP1517 GSK2834425 ONO-7643 エポロクマブ シクロスポリン BAY94-8862 BAY94-8862 MRQ-01 MRQ-01 ONO-7643 MLN0002 エポロクマブ ASP015K SK-1401</p> <p>徴収開始年月日：平成29年 7月21日 対象患者数 徴収額</p> <table border="1"> <tr><td>内・注・外</td><td>区分</td><td>相</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>6</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>2</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>2</td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>4</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>6</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>2</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>1</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>4</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>8</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>12</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>4</td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>4</td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>6</td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>2</td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>5</td></tr> </table> <p>薬機法に基づく承認又は認証を受けた医療機器の使用 (機器使用)第 4号 徴収開始年月日：平成29年 6月29日 医療機器の販売名 徴収額 医療機器管理室 技師の人数</p> <table border="1"> <tr><td>FreeStyleリブレRea</td><td>7,660</td><td>1:有</td><td>6</td></tr> <tr><td>FreeStyleリブレセンサ</td><td>7,660</td><td>1:有</td><td>6</td></tr> </table> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 594号 徴収開始年月日：平成28年 7月 1日</p> <table border="1"> <tr><td>区分</td><td>病床数</td><td>徴収金額</td></tr> <tr><td>01:個室</td><td>34</td><td>2,700</td></tr> <tr><td>01:個室</td><td>6</td><td>3,780</td></tr> <tr><td>01:個室</td><td>43</td><td>4,970</td></tr> <tr><td>01:個室</td><td>1</td><td>12,960</td></tr> <tr><td>01:個室</td><td>40</td><td></td></tr> <tr><td>02:2人室</td><td>14</td><td></td></tr> <tr><td>03:3人室</td><td>6</td><td></td></tr> <tr><td>04:4人室</td><td>200</td><td></td></tr> </table> <p>全許可病床数 344床 費用徴収病床数 84床 割合 24.4%</p> <p>200床以上の病院の初診 (病院初診)第 43号 徴収開始年月日：平成26年 5月 1日 徴収額 初診患者数 徴収患者数 1,620</p> <p>入院期間が180日を超える入院 (超過入院)第 368号 徴収開始年月日：平成26年10月 1日 入院料区分 対象者数 徴収日数 徴収料金 38:(一般入院)7対1入 2,580</p> | 内・注・外 | 区分 | 相 | | 2:注射薬 | 3:第 | 相 | 6 | 1:内服薬 | 3:第 | 相 | 2 | 1:内服薬 | 3:第 | 相 | 2 | 2:注射薬 | 3:第 | 相 | 4 | 1:内服薬 | 3:第 | 相 | 6 | 1:内服薬 | 3:第 | 相 | 2 | 1:内服薬 | 3:第 | 相 | 3 | 2:注射薬 | 3:第 | 相 | 1 | 1:内服薬 | 3:第 | 相 | 4 | 1:内服薬 | 3:第 | 相 | 8 | 1:内服薬 | 3:第 | 相 | 12 | 1:内服薬 | 3:第 | 相 | 3 | 1:内服薬 | 3:第 | 相 | 3 | 1:内服薬 | 2:第 | 相 | 4 | 2:注射薬 | 3:第 | 相 | 4 | 2:注射薬 | 2:第 | 相 | 6 | 1:内服薬 | 2:第 | 相 | 2 | 2:注射薬 | 3:第 | 相 | 5 | FreeStyleリブレRea | 7,660 | 1:有 | 6 | FreeStyleリブレセンサ | 7,660 | 1:有 | 6 | 区分 | 病床数 | 徴収金額 | 01:個室 | 34 | 2,700 | 01:個室 | 6 | 3,780 | 01:個室 | 43 | 4,970 | 01:個室 | 1 | 12,960 | 01:個室 | 40 | | 02:2人室 | 14 | | 03:3人室 | 6 | | 04:4人室 | 200 | |
| 内・注・外 | 区分 | 相 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FreeStyleリブレRea | 7,660 | 1:有 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FreeStyleリブレセンサ | 7,660 | 1:有 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 34 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 3,780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 43 | 4,970 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 12,960 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|-------------------|-----------------------------|-----|---|-------|-----|-------|-------|-------|-------|-------|----|-------|--------|----|-------|--------|------|---|--------|-------|------|----------|-----|----------------------|--------|-----|----------------------|----|-----|------|-------|---|-------|-------|---|--|--------|----|-------|--------|----|--|--------|----|--|--------|----|--|--------|-----|----------------------|
| 03,1141,4 | 医療法人社団東野会 東野病院 | 〒923-0964 小松市今江町7丁目468番地 | 42 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 486号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> <tr> <td>01:個室</td> <td>1</td> <td>5,400</td> </tr> <tr> <td>01:個室</td> <td>20</td> <td>2,160</td> </tr> <tr> <td>01:個室</td> <td>5</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>10</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>6</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>42床</td> <td>費用徴収病床数 21床 割合 50.0%</td> </tr> </table> <p>時間外診察 (時間外診察)第 20号 徴収額 648 徴収開始年月日:平成26年 4月 1日</p> <p>入院期間が180日を超える入院 (超過入院)第 382号 入院料区分 42:(一般入院)15対1 対象者数 徴収開始年月日:平成28年 3月 1日 徴収日数 徴収料金 1,555</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 5,400 | 01:個室 | 20 | 2,160 | 01:個室 | 5 | | 02:2人室 | 10 | | 03:3人室 | 6 | | 全許可病床数 | 42床 | 費用徴収病床数 21床 割合 50.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 20 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 42床 | 費用徴収病床数 21床 割合 50.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1156,2 | 森田病院 | 〒923-0801 小松市園町ホ99番地1 | 99 | <p>医薬品の治験に係る診療 (治験診療)第 70号 徴収開始年月日:平成28年 7月 1日</p> <table border="1"> <tr> <th>内・注・外</th> <th>区分</th> <th>対象患者数</th> <th>徴収額</th> </tr> <tr> <td>2:注射薬</td> <td>3:第相</td> <td>4</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>3:第相</td> <td>4</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>3:第相</td> <td>4</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>3:第相</td> <td>8</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>3:第相</td> <td>10</td> <td></td> </tr> </table> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 600号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> <tr> <td>01:個室</td> <td>7</td> <td>5,400</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>12</td> <td>2,160</td> </tr> <tr> <td>02:2人室</td> <td>34</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>12</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>28</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>99床</td> <td>費用徴収病床数 19床 割合 19.2%</td> </tr> </table> | 内・注・外 | 区分 | 対象患者数 | 徴収額 | 2:注射薬 | 3:第相 | 4 | | 1:内服薬 | 3:第相 | 4 | | 2:注射薬 | 3:第相 | 4 | | 2:注射薬 | 3:第相 | 8 | | 2:注射薬 | 3:第相 | 10 | | 区分 | 病床数 | 徴収金額 | 01:個室 | 7 | 5,400 | 01:個室 | 6 | | 02:2人室 | 12 | 2,160 | 02:2人室 | 34 | | 03:3人室 | 12 | | 04:4人室 | 28 | | 全許可病床数 | 99床 | 費用徴収病床数 19床 割合 19.2% |
| 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 12 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 99床 | 費用徴収病床数 19床 割合 19.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1178,6 | 岡本病院 | 〒923-0904 小松市小馬出町13番地 | 58 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 575号 徴収開始年月日:平成28年 9月30日</p> <table border="1"> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> <tr> <td>01:個室</td> <td>1</td> <td>5,400</td> </tr> <tr> <td>01:個室</td> <td>11</td> <td>3,240</td> </tr> <tr> <td>02:2人室</td> <td>10</td> <td>2,160</td> </tr> <tr> <td>03:3人室</td> <td>6</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>24</td> <td></td> </tr> <tr> <td>05:5人室以上</td> <td>6</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>58床</td> <td>費用徴収病床数 22床 割合 37.9%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 5,400 | 01:個室 | 11 | 3,240 | 02:2人室 | 10 | 2,160 | 03:3人室 | 6 | | 04:4人室 | 24 | | 05:5人室以上 | 6 | | 全許可病床数 | 58床 | 費用徴収病床数 22床 割合 37.9% | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 11 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 58床 | 費用徴収病床数 22床 割合 37.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|------------------------------|--|-----|--|----|-----|------|-------|---|--------|-------|----|-------|-------|----|-------|-------|----|--------|-------|----|--|--------|---|-------|--------|-----|--|--------|----|--|--------|------|--|
| 03,1180,2 | 荒木病院 | 〒923-0832 小松市若杉町9 5 番地 | 39 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 580号 徴収開始年月日:平成24年10月25日 <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>3</td><td>3,000</td></tr> <tr><td>01:個室</td><td>2</td><td>3,500</td></tr> <tr><td>01:個室</td><td>10</td><td>4,000</td></tr> <tr><td>01:個室</td><td>4</td><td>15,000</td></tr> <tr><td>01:個室</td><td>14</td><td></td></tr> <tr><td>02:2人室</td><td>6</td><td></td></tr> <tr><td>全許可病床数</td><td>39床</td><td></td></tr> </tbody> </table> 費用徴収病床数 19床 割合 48.7% | 区分 | 病床数 | 徴収金額 | 01:個室 | 3 | 3,000 | 01:個室 | 2 | 3,500 | 01:個室 | 10 | 4,000 | 01:個室 | 4 | 15,000 | 01:個室 | 14 | | 02:2人室 | 6 | | 全許可病床数 | 39床 | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 15,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 39床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1198,4 | 医療法人社団 澄鈴会 栗津神経サナトリウ ム | 〒923-0342 小松市矢田野町ヲ 8 8 番地 | 263 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 611号 徴収開始年月日:平成30年 3月 1日 <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>3</td><td>3,240</td></tr> <tr><td>01:個室</td><td>41</td><td>648</td></tr> <tr><td>01:個室</td><td>19</td><td>324</td></tr> <tr><td>01:個室</td><td>14</td><td>216</td></tr> <tr><td>01:個室</td><td>41</td><td></td></tr> <tr><td>02:2人室</td><td>6</td><td></td></tr> <tr><td>03:3人室</td><td>51</td><td></td></tr> <tr><td>04:4人室</td><td>88</td><td></td></tr> <tr><td>全許可病床数</td><td>263床</td><td></td></tr> </tbody> </table> 費用徴収病床数 77床 割合 29.3% | 区分 | 病床数 | 徴収金額 | 01:個室 | 3 | 3,240 | 01:個室 | 41 | 648 | 01:個室 | 19 | 324 | 01:個室 | 14 | 216 | 01:個室 | 41 | | 02:2人室 | 6 | | 03:3人室 | 51 | | 04:4人室 | 88 | | 全許可病床数 | 263床 | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 41 | 648 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 19 | 324 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 216 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 263床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1223,0 | 小松ソフィア病院 | 〒923-0861 小松市沖周辺土地区画整理事業施 行地内仮地番5 街区3 0号 | 48 | 医薬品の治験に係る診療 (治験診療)第 71号 徴収開始年月日:平成28年 7月 1日 治験薬名称 AZD0585 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第 相 2 入院医療に係る特別の療養環境の提供 (入療養提供)第 451号 徴収開始年月日:平成26年 4月 1日 <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>1</td><td>10,800</td></tr> <tr><td>01:個室</td><td>1</td><td>8,640</td></tr> <tr><td>01:個室</td><td>7</td><td>5,400</td></tr> <tr><td>01:個室</td><td>6</td><td>4,320</td></tr> <tr><td>01:個室</td><td>4</td><td></td></tr> <tr><td>02:2人室</td><td>2</td><td>1,620</td></tr> <tr><td>03:3人室</td><td>3</td><td></td></tr> <tr><td>04:4人室</td><td>24</td><td></td></tr> <tr><td>全許可病床数</td><td>48床</td><td></td></tr> </tbody> </table> 費用徴収病床数 17床 割合 35.4% | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 10,800 | 01:個室 | 1 | 8,640 | 01:個室 | 7 | 5,400 | 01:個室 | 6 | 4,320 | 01:個室 | 4 | | 02:2人室 | 2 | 1,620 | 03:3人室 | 3 | | 04:4人室 | 24 | | 全許可病床数 | 48床 | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 10,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 8,640 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 1,620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 48床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|--------------|------------------------------|-----|--|
| 03,1226,3 | 医療法人社団 松陽東病院 | 〒923-0962 小松市大領中町3丁目121番地 | 33 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 515号 徴収開始年月日：平成26年 7月 1日 区分 病床数 徴収金額 01:個室 1 6,480 01:個室 2 5,400 02:2人室 2 04:4人室 28 全許可病床数 33床 費用徴収病床数 3床 割合 9.1% |
| 04,1051,3 | 市立輪島病院 | 〒928-0024 輪島市山岸町は1番1地 | 199 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 601号 徴収開始年月日：平成28年12月 1日 区分 病床数 徴収金額 01:個室 1 10,800 01:個室 8 4,860 01:個室 26 3,780 01:個室 2 2,700 01:個室 8 02:2人室 6 04:4人室 148 全許可病床数 199床 費用徴収病床数 37床 割合 18.6% |
| 05,1036,1 | 珠洲市総合病院 | 〒927-1213 珠洲市野々江町二部1番地1 | 195 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 545号 徴収開始年月日：平成24年 4月 1日 区分 病床数 徴収金額 01:個室 3 6,480 01:個室 4 5,400 01:個室 13 4,320 01:個室 4 3,240 01:個室 4 02:2人室 14 04:4人室 144 01:個室 5 2,160 全許可病床数 191床 費用徴収病床数 29床 割合 15.2% |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------------------|------------------------------------|-----|--|----|-----|------|--------|----|-------|--------|----|-------|---------|-----|-------|--------|-----|-------|--------|----|--|--------|----|--|--------|----|--|---------|-----|--|--------|------|--|
| 06,1053,4 | 医療法人社団慈豊会 久藤総合病院 | 〒922-0024 加賀市大聖寺永町イ 1 7 番地 | 199 | <p>薬価基準の収載医薬品の薬機法と異なる用法等に係る投与 (薬価基準)第 11号 徴収開始年月日:平成18年 2月21日 販売名 徴収額 ストロメクトール錠 3mg 781 入院医療に係る特別の療養環境の提供 (入療養提供)第 593号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>14</td><td>1,620</td></tr> <tr><td>01:個室</td><td>5</td><td>2,700</td></tr> <tr><td>01:個室</td><td>3</td><td>5,400</td></tr> <tr><td>01:個室</td><td>3</td><td></td></tr> <tr><td>02:2人室</td><td>26</td><td></td></tr> <tr><td>03:3人室</td><td>57</td><td></td></tr> <tr><td>04:4人室</td><td>76</td><td></td></tr> <tr><td>05:5人以上</td><td>15</td><td></td></tr> <tr><td>全許可病床数</td><td>199床</td><td></td></tr> </tbody> </table> <p>費用徴収病床数 22床 割合 11.1%</p> <p>入院期間が180日を超える入院 (超過入院)第 375号 徴収開始年月日:平成16年 6月 1日 入院料区分 対象者数 徴収日数 徴収料金 40:(一般入院)10対1 2,158</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 14 | 1,620 | 01:個室 | 5 | 2,700 | 01:個室 | 3 | 5,400 | 01:個室 | 3 | | 02:2人室 | 26 | | 03:3人室 | 57 | | 04:4人室 | 76 | | 05:5人以上 | 15 | | 全許可病床数 | 199床 | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 1,620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 57 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人以上 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 199床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06,1067,4 | 蓮井病院 | 〒922-0816 加賀市大聖寺東町 1 - 7 1 - 1 | 99 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 546号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>02:2人室</td><td>20</td><td></td></tr> <tr><td>04:4人室</td><td>40</td><td></td></tr> <tr><td>全許可病床数</td><td>60床</td><td></td></tr> </tbody> </table> <p>費用徴収病床数 0床 割合 0%</p> | 区分 | 病床数 | 徴収金額 | 02:2人室 | 20 | | 04:4人室 | 40 | | 全許可病床数 | 60床 | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 60床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06,1078,1 | 板谷医院 | 〒922-0242 加賀市山代温泉 3 5 の 1 1 の 1 | 19 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 241号 徴収開始年月日:平成17年12月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>1</td><td>3,680</td></tr> <tr><td>01:個室</td><td>2</td><td>2,100</td></tr> <tr><td>01:個室</td><td>1</td><td></td></tr> <tr><td>02:2人室</td><td>6</td><td>1,050</td></tr> <tr><td>02:2人室</td><td>2</td><td></td></tr> <tr><td>03:3人室</td><td>3</td><td></td></tr> <tr><td>04:4人室</td><td>4</td><td></td></tr> <tr><td>全許可病床数</td><td>19床</td><td></td></tr> </tbody> </table> <p>費用徴収病床数 9床 割合 47.4%</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 3,680 | 01:個室 | 2 | 2,100 | 01:個室 | 1 | | 02:2人室 | 6 | 1,050 | 02:2人室 | 2 | | 03:3人室 | 3 | | 04:4人室 | 4 | | 全許可病床数 | 19床 | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,680 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 1,050 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 19床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06,1139,1 | 医療法人社団渋谷会 渋谷医院 | 〒922-0436 加賀市松が丘 1 丁目 7 番地 3 1 | 19 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 558号 徴収開始年月日:平成28年 2月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>1</td><td>2,160</td></tr> <tr><td>02:2人室</td><td>8</td><td>1,080</td></tr> <tr><td>05:5人以上</td><td>10</td><td></td></tr> <tr><td>全許可病床数</td><td>19床</td><td></td></tr> </tbody> </table> <p>費用徴収病床数 9床 割合 47.4%</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 2,160 | 02:2人室 | 8 | 1,080 | 05:5人以上 | 10 | | 全許可病床数 | 19床 | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人以上 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 19床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|-----------|---------------------------|-----|--|----|-----|------|-------|----|-----|-------|---|-----|-------|---|-------|-------|---|-------|-------|----|--|--------|---|--|--------|----|--|--------|----|--|--------|------|--|---------|-----|----------|
| 06,1142,5 | 加賀市医療センター | 〒922-8522 加賀市作見町リ36番地 | 300 | <p>医薬品の治験に係る診療 (治験診療)第 57号 治験薬名称 K A D 6 4 0 1 糖尿病 リバーロキサバン 200床以上の病院の初診 (病院初診)第 57号 徴収額 初診患者数 徴収患者数 1,080</p> <p>入院期間が180日を超える入院 (超過入院)第 379号 入院料区分 38:(一般入院)7対1入 12:(一般入院)特定入院</p> <p>徴収開始年月日:平成28年 4月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 6 1:内服薬 3:第 相 9</p> <p>徴収開始年月日:平成28年 4月 1日 対象者数 徴収日数 徴収料金 2,577 1,565</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06,1144,1 | 加賀こころの病院 | 〒922-0424 加賀市小菅波町121番1 | | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 613号 徴収開始年月日:平成30年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>14</td> <td>390</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>945</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>2,700</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>3,375</td> </tr> <tr> <td>01:個室</td> <td>35</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>8</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>36</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>84</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>184床</td> <td></td> </tr> <tr> <td>費用徴収病床数</td> <td>21床</td> <td>割合 11.4%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 14 | 390 | 01:個室 | 2 | 945 | 01:個室 | 4 | 2,700 | 01:個室 | 1 | 3,375 | 01:個室 | 35 | | 02:2人室 | 8 | | 03:3人室 | 36 | | 04:4人室 | 84 | | 全許可病床数 | 184床 | | 費用徴収病床数 | 21床 | 割合 11.4% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 390 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 945 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 184床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 費用徴収病床数 | 21床 | 割合 11.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--------------------------|-------------------------------|-----|--|----|-----|------|-------|---|-------|-------|----|-------|-------|---|-------|--------|----|-------|--------|-----|-----|--------|------|-----|---------|-----|----------|--------|------|--|---------|-----|----------|
| 07,1029,2 | 公立羽咋病院 | 〒925-0036 羽咋市の場町松崎 2 4 番地 | 174 | <p>薬価基準の収載医薬品の薬機法と異なる用法等に係る投与 (薬価基準)第 1号 徴収開始年月日:平成16年 6月 1日 徴収額 0 販売名 エフェドリン「ナガ井」注射液 入院医療に係る特別の療養環境の提供 (入療養提供)第 552号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>4</td> <td>4,860</td> </tr> <tr> <td>01:個室</td> <td>24</td> <td>3,240</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>8</td> <td>2,160</td> </tr> <tr> <td>04:4人室</td> <td>132</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>174床</td> <td></td> </tr> <tr> <td>費用徴収病床数</td> <td>36床</td> <td>割合 20.7%</td> </tr> </tbody> </table> <p>時間外診察 (時間外診察)第 21号 徴収開始年月日:平成26年 4月 1日 徴収額 1,944 2,052 4,536 2,700 2,808 6,372</p> <p>医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 22号 徴収開始年月日:平成26年 4月 1日 診療の名称 徴収額 02:リハビリテーション 1,134 02:リハビリテーション 2,646 02:リハビリテーション 1,944 02:リハビリテーション 1,980</p> <p>入院期間が180日を超える入院 (超過入院)第 358号 徴収開始年月日:平成26年 4月 1日 入院料区分 対象者数 徴収日数 徴収料金 40:(一般入院)10対1 2,149</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 4 | 4,860 | 01:個室 | 24 | 3,240 | 01:個室 | 6 | | 02:2人室 | 8 | 2,160 | 04:4人室 | 132 | | 全許可病床数 | 174床 | | 費用徴収病床数 | 36床 | 割合 20.7% | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 4,860 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 24 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 132 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 174床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 費用徴収病床数 | 36床 | 割合 20.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13,1030,8 | 社会福祉法人 金沢市 民生協会 ときわ病院 | 〒921-8834 野々市市中林 4 - 1 2 3 | 268 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 496号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>4</td> <td>540</td> </tr> <tr> <td>01:個室</td> <td>18</td> <td>1,080</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>2,160</td> </tr> <tr> <td>01:個室</td> <td>10</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>24</td> <td>324</td> </tr> <tr> <td>02:2人室</td> <td>6</td> <td>540</td> </tr> <tr> <td>04:4人室</td> <td>204</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>268床</td> <td></td> </tr> <tr> <td>費用徴収病床数</td> <td>54床</td> <td>割合 20.1%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 4 | 540 | 01:個室 | 18 | 1,080 | 01:個室 | 2 | 2,160 | 01:個室 | 10 | | 02:2人室 | 24 | 324 | 02:2人室 | 6 | 540 | 04:4人室 | 204 | | 全許可病床数 | 268床 | | 費用徴収病床数 | 54床 | 割合 20.1% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 540 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 18 | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 24 | 324 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 540 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 268床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 費用徴収病床数 | 54床 | 割合 20.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|-------------------------|-----------------------------|-----|---|
| 13,1059,7 | 池田病院 | 〒921-8824 野々市市新庄2 - 1 0 | 41 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 493号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 1 3,780 02:2人室 2 3,240 02:2人室 6 2,160 04:4人室 32 全許可病床数 41床 費用徴収病床数 9床 割合 22.0% |
| 13,1138,9 | ののいち白山醫院 | 〒921-8845 野々市市太平寺4丁目45番地 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 305号 徴収開始年月日:平成19年 5月 1日 区分 病床数 徴収金額 01:個室 1 2,500 01:個室 2 3,500 02:2人室 16 全許可病床数 19床 費用徴収病床数 3床 割合 15.8% |
| 13,1140,5 | 医療法人社団 浅ノ川 金沢脳神経外科病院 | 〒921-8841 野々市市郷町262番地2 | 220 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 494号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 17 7,560 02:2人室 8 2,160 02:2人室 4 04:4人室 28 860 04:4人室 154 99:その他 9 全許可病床数 220床 費用徴収病床数 53床 割合 24.1% |
| 13,1152,0 | 船木医院 | 〒921-8845 野々市市太平寺4丁目71番地 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 519号 徴収開始年月日:平成26年 8月 1日 区分 病床数 徴収金額 01:個室 2 5,000 01:個室 2 3,000 03:3人室 3 04:4人室 12 全許可病床数 19床 費用徴収病床数 4床 割合 21.1% |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|-------------------|--------------------------------|-------|---|----|-----|------|-------|----|-------|-------|---|-------|-------|---|-------|-------|---|--|--------|----|--|--------|----|--|--------|-----|----------------------|-------|------|------|------|---------------|--|--|-------|---------------|--|--|-------|
| 14,1016,5 | 津幡町国民健康保険直営河北中央病院 | 〒929-0323 河北郡津幡町字津幡口5 1 番地2 | 60 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 614号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>14</td> <td>3,240</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>4,320</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>5,400</td> </tr> <tr> <td>01:個室</td> <td>5</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>21</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>16</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>60床</td> <td>費用徴収病床数 18床 割合 30.0%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院)第 342号</p> <table border="1"> <thead> <tr> <th>入院料区分</th> <th>対象者数</th> <th>徴収日数</th> <th>徴収料金</th> </tr> </thead> <tbody> <tr> <td>40:(一般入院)10対1</td> <td></td> <td></td> <td>2,157</td> </tr> <tr> <td>12:(一般入院)特定入院</td> <td></td> <td></td> <td>1,564</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 14 | 3,240 | 01:個室 | 2 | 4,320 | 01:個室 | 2 | 5,400 | 01:個室 | 5 | | 03:3人室 | 21 | | 04:4人室 | 16 | | 全許可病床数 | 60床 | 費用徴収病床数 18床 割合 30.0% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 40:(一般入院)10対1 | | | 2,157 | 12:(一般入院)特定入院 | | | 1,564 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 60床 | 費用徴収病床数 18床 割合 30.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40:(一般入院)10対1 | | | 2,157 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12:(一般入院)特定入院 | | | 1,564 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|----------|-----------------------------|-------|--|-------|----|---|-------|-----|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|--|--|---|--|--|--|----|--|--|--|---|--|-----------------|--------|-----|----|-------|---|--------|-------|----|--------|-------|----|--------|
| 14,1036,3 (14,3014,4) | 金沢医科大学病院 | 〒920-0265 河北郡内灘町大学1丁目1番地 | 835 | <p>医薬品の治験に係る診療 (治験診療)第 76号 治験薬名称 セレキシパグ ゴリムマブ ポリエチレングリコール フマル酸ジメチル KPS-0373 KPS-0373 E6011 リファキシミン MK-8931 ラブコナゾール 酢酸亜鉛水和物 VRS-317 TR-701FA DS-5565 フィルグラスチム NDx-08 ウステキヌマブ グセルクマブ エポロクマブ ODM-201 PT010006 MK-7625 セレキシパグ リバーロキサバン</p> <p>徴収開始年月日：平成28年 7月 1日 対象患者数 徴収額</p> <table border="1"> <thead> <tr> <th>内・注・外</th> <th>区分</th> <th>相</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>1:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>10</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>3:外用薬</td><td>3:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> </tbody> </table> <p>医療機器の治験に係る診療 (機器治験)第 15号 治験機器名称 DVX, TLC JLL-LEG SX-1001</p> <p>徴収開始年月日：平成28年 7月 1日 区分 対象患者数 徴収額</p> <table border="1"> <tbody> <tr><td></td><td></td><td>3</td><td></td></tr> <tr><td></td><td></td><td>10</td><td></td></tr> <tr><td></td><td></td><td>2</td><td></td></tr> </tbody> </table> <p>薬機法に基づく承認を受けた医薬品の投与 (医薬品投与)第 4号 販売名 ファセンラ皮下注30mgシリンジ</p> <p>徴収開始年月日：平成30年 2月27日 徴収額 0</p> <p>薬機法に基づく承認又は認証を受けた医療機器の使用 (機器使用)第 2号 徴収開始年月日：平成26年 5月28日 徴収額 医療機器管理室 技師の人数</p> <table border="1"> <tbody> <tr><td>エンドヴィーナスクロージャーシ</td><td>80,000</td><td>1:有</td><td>12</td></tr> </tbody> </table> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 599号 徴収開始年月日：平成28年 8月 1日 区分 病床数 徴収金額</p> <table border="1"> <tbody> <tr><td>01:個室</td><td>2</td><td>27,000</td></tr> <tr><td>01:個室</td><td>12</td><td>15,120</td></tr> <tr><td>01:個室</td><td>29</td><td>12,960</td></tr> </tbody> </table> | 内・注・外 | 区分 | 相 | 対象患者数 | 徴収額 | 1:内服薬 | 2:第 | 相 | 1 | | 2:注射薬 | 3:第 | 相 | 4 | | 2:注射薬 | 2:第 | 相 | 1 | | 1:内服薬 | 3:第 | 相 | 2 | | 1:内服薬 | 3:第 | 相 | 3 | | 1:内服薬 | 3:第 | 相 | 3 | | 2:注射薬 | 1:第 | 相 | 4 | | 1:内服薬 | 2:第 | 相 | 6 | | 1:内服薬 | 2:第 | 相 | 6 | | 1:内服薬 | 3:第 | 相 | 6 | | 1:内服薬 | 3:第 | 相 | 3 | | 2:注射薬 | 2:第 | 相 | 2 | | 2:注射薬 | 3:第 | 相 | 2 | | 1:内服薬 | 3:第 | 相 | 3 | | 1:内服薬 | 3:第 | 相 | 4 | | 2:注射薬 | 3:第 | 相 | 3 | | 2:注射薬 | 3:第 | 相 | 10 | | 2:注射薬 | 3:第 | 相 | 3 | | 2:注射薬 | 3:第 | 相 | 4 | | 2:注射薬 | 3:第 | 相 | 2 | | 1:内服薬 | 3:第 | 相 | 2 | | 3:外用薬 | 3:第 | 相 | 6 | | 2:注射薬 | 3:第 | 相 | 1 | | 1:内服薬 | 3:第 | 相 | 1 | | 1:内服薬 | 3:第 | 相 | 3 | | | | 3 | | | | 10 | | | | 2 | | エンドヴィーナスクロージャーシ | 80,000 | 1:有 | 12 | 01:個室 | 2 | 27,000 | 01:個室 | 12 | 15,120 | 01:個室 | 29 | 12,960 |
| 内・注・外 | 区分 | 相 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 1:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:外用薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エンドヴィーナスクロージャーシ | 80,000 | 1:有 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 27,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 12 | 15,120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 29 | 12,960 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|--------|--------|---------|-----|--|
| | | | | 01:個室 1 10,800 01:個室 59 8,640 01:個室 5 5,400 01:個室 11 4,320 01:個室 2 3,240 01:個室 74 02:2人室 6 2,700 02:2人室 14 04:4人室 72 1,620 04:4人室 516 05:5人室以上 29 03:3人室 3 99:その他 全許可病床数 835床 費用徴収病床数 199床 割合 23.8% 特定機能病院及び許可病床数400床以上の地域医療支援病院の初診 (大病院初診)第 1号 徴収開始年月日:平成28年 4月 1日 徴収額 初診患者数 徴収患者数 5,400 3,240 特定機能病院及び許可病床数400床以上の地域医療支援病院の再診 (大病院再診)第 1号 徴収開始年月日:平成28年 4月 1日 徴収額 再診患者数 徴収患者数 2,700 1,620 医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 30号 徴収開始年月日:平成24年 4月 1日 診療の名称 徴収額 02:リハビリテーション 2,650 02:リハビリテーション 2,000 01:検査 1,190 01:検査 1,170 02:リハビリテーション 1,940 01:検査 1,450 01:検査 1,450 02:リハビリテーション 1,890 02:リハビリテーション 2,210 入院期間が180日を超える入院 (超過入院)第 376号 徴収開始年月日:平成18年 4月 1日 入院料区分 対象者数 徴収日数 徴収料金 13:(特定入院)7対1入 2,590 金属床による総義歯の提供 (金属総義歯)第 652号 徴収開始年月日:平成29年 6月 1日 金属 その他金属 上顎 下顎 01:白金 324,000 324,000 02:金 270,000 270,000 03:コバルト 216,000 216,000 う蝕に罹患している患者の指導管理 |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|-----------|----------------|----------------------------------|-----|---|
| | | | | (う蝕管理)第 281号 継続管理種類 価格 01:フッ化物局所 2,160 02:小窩裂溝填塞 2,160 徴収開始年月日:平成29年 6月 1日 |
| 14,1126,2 | 木島脳神経外科クリニック | 〒929-0342 河北郡津幡町北中条2丁目3番地 | | 医薬品の治験に係る診療 (治験診療)第 88号 治験薬名称 徴収開始年月日:平成27年11月 1日 内・注・外 区分 対象患者数 徴収額 2:注射薬 2:第 相 10 |
| 14,1135,3 | みずほ病院 | 〒929-0346 河北郡津幡町字潟端4番地1 | 79 | 医薬品の治験に係る診療 (治験診療)第 73号 治験薬名称 O P C - 4 1 0 6 1 入院医療に係る特別の療養環境の提供 (入療養提供)第 495号 区分 病床数 徴収金額 01:個室 1 12,960 01:個室 2 5,400 04:4人室 76 全許可病床数 79床 費用徴収病床数 3床 割合 3.8% |
| 15,1028,7 | 池野整形外科・耳鼻咽喉科医院 | 〒925-0141 羽咋郡志賀町高浜ソの9の1 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 219号 区分 病床数 徴収金額 01:個室 2 2,500 01:個室 1 02:2人室 8 04:4人室 8 全許可病床数 19床 費用徴収病床数 2床 割合 10.5% |
| 15,1048,5 | 町立富来病院 | 〒925-0446 羽咋郡志賀町富来地頭町7の110番地1 | 98 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 498号 区分 病床数 徴収金額 01:個室 2 5,400 01:個室 7 3,780 01:個室 7 2,700 02:2人室 8 1,080 02:2人室 4 03:3人室 6 04:4人室 48 全許可病床数 82床 費用徴収病床数 24床 割合 29.3% 入院期間が180日を超える入院 (超過入院)第 380号 入院料区分 対象者数 徴収日数 徴収料金 41:(一般入院)13対1 1,680 徴収開始年月日:平成26年 4月 1日 |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|----------|-------------------------------|---------|---|----|-----|------|-------|---|-------|-------|----|-------|--------|---|-------|--------|----|-------|--------|-----|---------------------|--------|----|--|--------|-----|----------------------|----|-------|----|----|---------|--|---------|---------|--------|--|---------|---------|------|--|---------|---------|--------|----|-----------|-------|-----------|-------|
| 15,1053,5 | 加藤病院 | 〒925-0141 羽咋郡志賀町高浜町への1番地1 | 54 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 497号 徴収開始年月日:平成26年 4月 1日 <table border="0"> <tr> <td>区分</td> <td>病床数</td> <td>徴収金額</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>1,300</td> </tr> <tr> <td>01:個室</td> <td>10</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>8</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>12</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>34床</td> <td>費用徴収病床数 4床 割合 11.8%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 4 | 1,300 | 01:個室 | 10 | | 02:2人室 | 8 | | 03:3人室 | 12 | | 全許可病床数 | 34床 | 費用徴収病床数 4床 割合 11.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 1,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 34床 | 費用徴収病床数 4床 割合 11.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15,1056,8 (15,3027,3) | 町立宝達志水病院 | 〒929-1425 羽咋郡宝達志水町子浦口11番地1 | 70 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 589号 徴収開始年月日:平成29年 5月 1日 <table border="0"> <tr> <td>区分</td> <td>病床数</td> <td>徴収金額</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>5,400</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td>3,240</td> </tr> <tr> <td>01:個室</td> <td>7</td> <td>1,080</td> </tr> <tr> <td>02:2人室</td> <td>2</td> <td>1,620</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>52</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>70床</td> <td>費用徴収病床数 16床 割合 22.9%</td> </tr> </table> 金属床による総義歯の提供 (金属総義歯)第 650号 徴収開始年月日:平成29年 5月 1日 <table border="0"> <tr> <td>金属</td> <td>その他金属</td> <td>上顎</td> <td>下顎</td> </tr> <tr> <td>03:コバルト</td> <td></td> <td>162,000</td> <td>162,000</td> </tr> <tr> <td>04:チタン</td> <td></td> <td>270,000</td> <td>270,000</td> </tr> <tr> <td>02:金</td> <td></td> <td>540,000</td> <td>540,000</td> </tr> </table> う蝕に罹患している患者の指導管理 (う蝕管理)第 279号 徴収開始年月日:平成29年 5月 1日 <table border="0"> <tr> <td>継続管理種類</td> <td>価格</td> </tr> <tr> <td>01:フッ化物局所</td> <td>3,240</td> </tr> <tr> <td>02:小窩裂溝填塞</td> <td>2,160</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 5,400 | 01:個室 | 6 | 3,240 | 01:個室 | 7 | 1,080 | 02:2人室 | 2 | 1,620 | 01:個室 | 2 | | 04:4人室 | 52 | | 全許可病床数 | 70床 | 費用徴収病床数 16床 割合 22.9% | 金属 | その他金属 | 上顎 | 下顎 | 03:コバルト | | 162,000 | 162,000 | 04:チタン | | 270,000 | 270,000 | 02:金 | | 540,000 | 540,000 | 継続管理種類 | 価格 | 01:フッ化物局所 | 3,240 | 02:小窩裂溝填塞 | 2,160 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 1,620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 70床 | 費用徴収病床数 16床 割合 22.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金属 | その他金属 | 上顎 | 下顎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:コバルト | | 162,000 | 162,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:チタン | | 270,000 | 270,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:金 | | 540,000 | 540,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 継続管理種類 | 価格 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:フッ化物局所 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:小窩裂溝填塞 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----------|-------------------------------|-----|---|----|-----|------|-------|---|-------|-------|---|-------|-------|----|-------|--------|----|-------|--------|----|-------|--------|----|--|----------|----|--|--------|----|--|
| 17,1017,6 | 公立穴水総合病院 | 〒927-0027 鳳珠郡穴水町字川島夕8番地 | 100 | <p>薬価基準の収載医薬品の薬機法と異なる用法等に係る投与 (薬価基準)第 13号 徴収開始年月日:平成18年 4月27日 販売名 徴収額 ストロメクトール錠 3mg 850 入院医療に係る特別の療養環境の提供 (入療養提供)第 529号 徴収開始年月日:平成25年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>2</td><td>5,400</td></tr> <tr><td>01:個室</td><td>1</td><td>4,860</td></tr> <tr><td>01:個室</td><td>3</td><td>4,320</td></tr> <tr><td>01:個室</td><td>2</td><td>3,780</td></tr> <tr><td>01:個室</td><td>15</td><td>2,700</td></tr> <tr><td>02:2人室</td><td>4</td><td></td></tr> <tr><td>03:3人室</td><td>3</td><td></td></tr> <tr><td>04:4人室</td><td>68</td><td></td></tr> </tbody> </table> <p>全許可病床数 98床 費用徴収病床数 23床 割合 23.5% 入院期間が180日を超える入院 (超過入院)第 369号 徴収開始年月日:平成15年 4月 1日 入院料区分 対象者数 徴収日数 徴収料金 40:(一般入院)10対1 1,080</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 5,400 | 01:個室 | 1 | 4,860 | 01:個室 | 3 | 4,320 | 01:個室 | 2 | 3,780 | 01:個室 | 15 | 2,700 | 02:2人室 | 4 | | 03:3人室 | 3 | | 04:4人室 | 68 | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 4,860 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 15 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17,1060,6 | 公立宇出津総合病院 | 〒927-0433 鳳珠郡能登町字宇出津夕字97番地 | 120 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 585号 徴収開始年月日:平成29年 3月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>2</td><td>6,480</td></tr> <tr><td>01:個室</td><td>6</td><td>4,320</td></tr> <tr><td>01:個室</td><td>19</td><td>2,700</td></tr> <tr><td>02:2人室</td><td>12</td><td></td></tr> <tr><td>03:3人室</td><td>3</td><td></td></tr> <tr><td>04:4人室</td><td>52</td><td></td></tr> <tr><td>05:5人室以上</td><td>26</td><td></td></tr> </tbody> </table> <p>全許可病床数 120床 費用徴収病床数 27床 割合 22.5% 入院期間が180日を超える入院 (超過入院)第 381号 徴収開始年月日:平成27年 7月15日 入院料区分 対象者数 徴収日数 徴収料金 40:(一般入院)10対1 2,000</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 6,480 | 01:個室 | 6 | 4,320 | 01:個室 | 19 | 2,700 | 02:2人室 | 12 | | 03:3人室 | 3 | | 04:4人室 | 52 | | 05:5人室以上 | 26 | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 6,480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 19 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21,1000,4 (21,3000,8) | 石川県立高松病院 | 〒929-1214 かほく市内高松ヤ36 | 400 | <p>医薬品の治験に係る診療 (治験診療)第 44号 徴収開始年月日:平成26年 7月30日 治験薬名称 内・注・外 区分 対象患者数 徴収額 MT-4666 1:内服薬 2:第 相 9</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------|--------------------------|-----|--|----|-----|------|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|----|--|--------|---|--|--------|---|--|--------|-----|----------------------|
| 22,1011,9 | 恵愛会松南病院 | 〒924-0805 白山市若宮3丁目6番地 | 35 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 226号 徴収開始年月日：平成17年 9月28日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>8</td> <td>2,000</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>3,000</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>4,000</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>5,000</td> </tr> <tr> <td>01:個室</td> <td>14</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>4</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>3</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>35床</td> <td>費用徴収病床数 14床 割合 40.0%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 8 | 2,000 | 01:個室 | 2 | 3,000 | 01:個室 | 2 | 4,000 | 01:個室 | 2 | 5,000 | 01:個室 | 14 | | 02:2人室 | 4 | | 03:3人室 | 3 | | 全許可病床数 | 35床 | 費用徴収病床数 14床 割合 40.0% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 35床 | 費用徴収病床数 14床 割合 40.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|------------|--------------------------|-------|--|-------|----|---|-------|-----|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|----|-----|------|-------|---|--------|-------|---|-------|-------|----|-------|-------|---|-------|-------|----|--|--------|---|--|--------|-----|--|--------|----|--|
| 22,1012,7 (22,3000,6) | 公立松任石川中央病院 | 〒924-0865 白山市倉光三丁目8番地 | 305 | <p>医薬品の治験に係る診療 (治験診療)第 95号 治験薬名称</p> <table border="1"> <thead> <tr> <th>内・注・外</th> <th>区分</th> <th>相</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>1:内服薬</td> <td>3:第</td> <td>相</td> <td>4</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>3:第</td> <td>相</td> <td>7</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>3:第</td> <td>相</td> <td>8</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>2:第</td> <td>相</td> <td>4</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>2:第</td> <td>相</td> <td>4</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>2:第</td> <td>相</td> <td>3</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>2:第</td> <td>相</td> <td>3</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>2:第</td> <td>相</td> <td>5</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>1:第</td> <td>相</td> <td>1</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>3:第</td> <td>相</td> <td>8</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>3:第</td> <td>相</td> <td>7</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>3:第</td> <td>相</td> <td>2</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>3:第</td> <td>相</td> <td>10</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>3:第</td> <td>相</td> <td>9</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>3:第</td> <td>相</td> <td>2</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>3:第</td> <td>相</td> <td>1</td> <td></td> </tr> </tbody> </table> <p>徴収開始年月日:平成28年 7月 1日</p> <p>AZD0585 ASP1517 JTZ-951 ASP1517 MK-7625A Ivabradine</p> <p>薬価基準の収載医薬品の薬機法と異なる用法等に係る投与 (薬価基準)第 6号 販売名 ストロメクトール錠 3mg 入院医療に係る特別の療養環境の提供 (入療養提供)第 460号</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>8</td> <td>10,800</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>7,560</td> </tr> <tr> <td>01:個室</td> <td>36</td> <td>4,860</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>3,240</td> </tr> <tr> <td>01:個室</td> <td>33</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>4</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>129</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>92</td> <td></td> </tr> </tbody> </table> <p>全許可病床数 305床 費用徴収病床数 47床 割合 15.4%</p> <p>200床以上の病院の初診 (病院初診)第 48号 徴収額 初診患者数 徴収患者数 2,160</p> <p>徴収開始年月日:平成26年 4月 1日</p> <p>医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 1号 診療の名称 01:検査 1,500 01:検査 1,500</p> <p>入院期間が180日を超える入院 (超過入院)第 355号 入院料区分 対象者数 徴収日数 徴収料金 徴収開始年月日:平成26年 4月 1日</p> | 内・注・外 | 区分 | 相 | 対象患者数 | 徴収額 | 1:内服薬 | 3:第 | 相 | 4 | | 2:注射薬 | 3:第 | 相 | 7 | | 1:内服薬 | 3:第 | 相 | 8 | | 1:内服薬 | 2:第 | 相 | 4 | | 1:内服薬 | 2:第 | 相 | 4 | | 1:内服薬 | 2:第 | 相 | 3 | | 1:内服薬 | 2:第 | 相 | 3 | | 1:内服薬 | 2:第 | 相 | 5 | | 2:注射薬 | 1:第 | 相 | 1 | | 1:内服薬 | 3:第 | 相 | 8 | | 1:内服薬 | 3:第 | 相 | 7 | | 1:内服薬 | 3:第 | 相 | 2 | | 1:内服薬 | 3:第 | 相 | 10 | | 1:内服薬 | 3:第 | 相 | 9 | | 2:注射薬 | 3:第 | 相 | 2 | | 1:内服薬 | 3:第 | 相 | 1 | | 区分 | 病床数 | 徴収金額 | 01:個室 | 8 | 10,800 | 01:個室 | 2 | 7,560 | 01:個室 | 36 | 4,860 | 01:個室 | 1 | 3,240 | 01:個室 | 33 | | 02:2人室 | 4 | | 03:3人室 | 129 | | 04:4人室 | 92 | |
| 内・注・外 | 区分 | 相 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 1:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 10,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 7,560 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 36 | 4,860 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 129 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|--------------------------|------------|----------------------------|-----|---|
| | | | | 38: (一般入院) 7対1入 2,580 13: (特定入院) 7対1入 1,560 |
| 22,1027,5 | 下崎整形外科医院 | 〒924-0802 白山市専福寺町158-3 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 523号 徴収開始年月日:平成26年10月 1日 区分 病床数 徴収金額 01:個室 2 6,480 02:2人室 4 3,240 04:4人室 8 05:5人室以上 5 全許可病床数 19床 費用徴収病床数 6床 割合 31.6% |
| 22,1028,3 | あさがおクリニック | 〒924-0865 白山市倉光5丁目103番地 | 19 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 321号 徴収開始年月日:平成20年 8月 1日 区分 病床数 徴収金額 01:個室 1 10,500 01:個室 1 5,250 01:個室 5 4,200 04:4人室 12 全許可病床数 19床 費用徴収病床数 7床 割合 36.8% |
| 22,1029,1 | やまもと内科医院 | 〒924-0836 白山市山島台3丁目99番地 | | 医薬品の治験に係る診療 (治験診療)第 8号 徴収開始年月日:平成17年 6月16日 内・注・外 区分 対象患者数 徴収額 1:内服薬 2:第 相 5 |
| 22,1033,3 (22,3001,4) | 谷内科歯科クリニック | 〒924-0015 白山市新田町86番地2 | | う蝕に罹患している患者の指導管理 (う蝕管理)第 255号 徴収開始年月日:平成26年 4月 1日 継続管理種類 価格 01:フッ化物局所 2,160 |
| 22,1055,6 | 新村病院 | 〒920-2104 白山市月橋町722番地12 | 47 | 入院医療に係る特別の療養環境の提供 (入療養提供)第 453号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 1 2,160 01:個室 4 3,240 01:個室 2 4,320 01:個室 1 5,400 01:個室 1 6,480 02:2人室 12 1,640 02:2人室 8 06:4人室以上 18 全許可病床数 47床 費用徴収病床数 21床 割合 44.7% 入院期間が180日を超える入院 (超過入院)第 317号 入院料区分 対象者数 徴収開始年月日:平成23年12月23日 40:(一般入院)10対1 1 徴収日数 徴収料金 1,390 |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------|---------------------------|-------|---|----|-----|------|-------|---|-------|-------|---|-------|-------|----|-------|-------|---|-------|-------|---|--|--------|---|--|--------|-----|--|--------|------|--|---------|-----|----------|-------|------|------|------|-----------|------|--|-------|-----------|------|--|-------|
| 22,1061,4 | 公立つるぎ病院 | 〒920-2134 白山市鶴来水戸町ノ1番地 | 152 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 522号 徴収開始年月日：平成26年10月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>2</td> <td>6,480</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td>4,320</td> </tr> <tr> <td>01:個室</td> <td>20</td> <td>3,780</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>3,240</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>4</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>112</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>152床</td> <td></td> </tr> <tr> <td>費用徴収病床数</td> <td>32床</td> <td>割合 21.1%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院)第 333号</p> <table border="1"> <thead> <tr> <th>入院料区分</th> <th>対象者数</th> <th>徴収日数</th> <th>徴収料金</th> </tr> </thead> <tbody> <tr> <td>40:(一般入院)</td> <td>10対1</td> <td></td> <td>2,060</td> </tr> <tr> <td>15:(特定入院)</td> <td>10対1</td> <td></td> <td>1,480</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 6,480 | 01:個室 | 6 | 4,320 | 01:個室 | 20 | 3,780 | 01:個室 | 4 | 3,240 | 01:個室 | 4 | | 02:2人室 | 4 | | 04:4人室 | 112 | | 全許可病床数 | 152床 | | 費用徴収病床数 | 32床 | 割合 21.1% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 40:(一般入院) | 10対1 | | 2,060 | 15:(特定入院) | 10対1 | | 1,480 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 6,480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 20 | 3,780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 112 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 152床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 費用徴収病床数 | 32床 | 割合 21.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40:(一般入院) | 10対1 | | 2,060 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15:(特定入院) | 10対1 | | 1,480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---------------------|-------------------------------|---------|---|----|-----|------|-------|----|-------|-------|----|-------|-------|---|-------|-------|----|--|--------|---|-------|--------|---|--|--------|---|--|--------|-----|--|----|-------|----|----|--------|--|---------|---------|---------|-----|---------|---------|--------|----|-----------|-------|
| 23,1019,0 (23,3000,4) | 医療法人社団和楽仁 芳珠記念病院 | 〒923-1226 能美市緑が丘1 1丁目7 1番地 | 320 | <p>医薬品の治験に係る診療 (治験診療)第 75号 治験薬名称 Z-215 徴収開始年月日:平成28年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 2:第 相 4</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 543号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>23</td><td>5,400</td></tr> <tr><td>01:個室</td><td>28</td><td>4,320</td></tr> <tr><td>01:個室</td><td>1</td><td>3,240</td></tr> <tr><td>01:個室</td><td>21</td><td></td></tr> <tr><td>02:2人室</td><td>6</td><td>1,620</td></tr> <tr><td>02:2人室</td><td>2</td><td></td></tr> <tr><td>03:3人室</td><td>3</td><td></td></tr> <tr><td>04:4人室</td><td>176</td><td></td></tr> </tbody> </table> <p>全許可病床数 260床 費用徴収病床数 58床 割合 22.3%</p> <p>200床以上の病院の初診 (病院初診)第 45号 徴収額 初診患者数 徴収患者数 1,080 徴収開始年月日:平成26年 4月 1日</p> <p>入院期間が180日を超える入院 (超過入院)第 356号 入院料区分 対象者数 徴収日数 徴収料金 38:(一般入院)7対1入 2,580 12:(一般入院)特定入院 1,560</p> <p>金属床による総義歯の提供 (金属総義歯)第 503号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>金属</th> <th>その他金属</th> <th>上顎</th> <th>下顎</th> </tr> </thead> <tbody> <tr><td>04:チタン</td><td></td><td>324,000</td><td>324,000</td></tr> <tr><td>03:コバルト</td><td>クロム</td><td>324,000</td><td>324,000</td></tr> </tbody> </table> <p>う蝕に罹患している患者の指導管理 (う蝕管理)第 237号 徴収開始年月日:平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>継続管理種類</th> <th>価格</th> </tr> </thead> <tbody> <tr><td>01:フッ化物局所</td><td>2,160</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 23 | 5,400 | 01:個室 | 28 | 4,320 | 01:個室 | 1 | 3,240 | 01:個室 | 21 | | 02:2人室 | 6 | 1,620 | 02:2人室 | 2 | | 03:3人室 | 3 | | 04:4人室 | 176 | | 金属 | その他金属 | 上顎 | 下顎 | 04:チタン | | 324,000 | 324,000 | 03:コバルト | クロム | 324,000 | 324,000 | 継続管理種類 | 価格 | 01:フッ化物局所 | 2,160 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 23 | 5,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 28 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 1,620 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 176 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金属 | その他金属 | 上顎 | 下顎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:チタン | | 324,000 | 324,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:コバルト | クロム | 324,000 | 324,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 継続管理種類 | 価格 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:フッ化物局所 | 2,160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------------|--------------------------|-----|--|----|-----|------|-------|----|-------|-------|---|-------|-------|---|-------|--------|----|--|--------|----|--|----------|----|--|--------|------|--|---------|-----|----------|------|------|------|--|--|-------|
| 23,1026,5 | 国民健康保険 能美市立病院 | 〒929-0122 能美市大浜町ノ 8 5 番地 | 135 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 502号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td>22</td> <td>2,700</td> </tr> <tr> <td>01:個室</td> <td>8</td> <td>3,780</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>6,480</td> </tr> <tr> <td>03:3人室</td> <td>18</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>64</td> <td></td> </tr> <tr> <td>05:5人室以上</td> <td>12</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>127床</td> <td></td> </tr> <tr> <td>費用徴収病床数</td> <td>33床</td> <td>割合 26.0%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院)第 360号 入院料区分 40:(一般入院)10対1</p> <table border="1"> <thead> <tr> <th>対象者数</th> <th>徴収日数</th> <th>徴収料金</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>2,157</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 22 | 2,700 | 01:個室 | 8 | 3,780 | 01:個室 | 3 | 6,480 | 03:3人室 | 18 | | 04:4人室 | 64 | | 05:5人室以上 | 12 | | 全許可病床数 | 127床 | | 費用徴収病床数 | 33床 | 割合 26.0% | 対象者数 | 徴収日数 | 徴収料金 | | | 2,157 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 22 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 3,780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 6,480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 127床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 費用徴収病床数 | 33床 | 割合 26.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2,157 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---------------------------|--------------------------|-------|--|-------|----|---|-------|-----|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|----|---|-------|-----|-----|---|---|--|-----|---|---|--|----|-----|------|-------|----|-------|-------|----|-------|-------|---|--------|-------|---|--------|-------|---|--------|-------|----|--|--------|-----|--|--------|----|--|--------|-----|--|----------|--|--|
| 80,1001,8 (80,3001,2) | 独立行政法人国立病院 機構 金沢医療センター | 〒920-0939 金沢市下石引町1番1号 | 554 | <p>医薬品の治験に係る診療 (治験診療)第 78号</p> <table border="1"> <thead> <tr> <th>内・注・外</th> <th>区分</th> <th>相</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>5</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>18</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>14</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>7</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>5</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>8</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>1:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>3:外用薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>3:外用薬</td><td>3:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>36</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>7</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>12</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>1:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>3:外用薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> </tbody> </table> <p>徴収開始年月日:平成28年 7月 1日</p> <p>医療機器の治験に係る診療 (機器治験)第 16号</p> <table border="1"> <thead> <tr> <th>区分</th> <th>相</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>3:第</td><td>相</td><td>1</td><td></td></tr> </tbody> </table> <p>徴収開始年月日:平成28年 7月 1日</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 504号</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>35</td><td>4,320</td></tr> <tr><td>01:個室</td><td>28</td><td>8,640</td></tr> <tr><td>01:個室</td><td>3</td><td>10,800</td></tr> <tr><td>01:個室</td><td>2</td><td>19,440</td></tr> <tr><td>01:個室</td><td>2</td><td>13,000</td></tr> <tr><td>01:個室</td><td>29</td><td></td></tr> <tr><td>02:2人室</td><td>228</td><td></td></tr> <tr><td>03:3人室</td><td>24</td><td></td></tr> <tr><td>04:4人室</td><td>298</td><td></td></tr> <tr><td>05:5人室以上</td><td></td><td></td></tr> </tbody> </table> <p>全許可病床数 649床 費用徴収病床数 70床 割合 10.8%</p> <p>特定機能病院及び許可病床数400床以上の地域医療支援病院の初診</p> | 内・注・外 | 区分 | 相 | 対象患者数 | 徴収額 | 1:内服薬 | 3:第 | 相 | 5 | | 1:内服薬 | 3:第 | 相 | 18 | | 2:注射薬 | 3:第 | 相 | 14 | | 1:内服薬 | 3:第 | 相 | 7 | | 1:内服薬 | 3:第 | 相 | 5 | | 2:注射薬 | 3:第 | 相 | 8 | | 2:注射薬 | 2:第 | 相 | 2 | | 2:注射薬 | 3:第 | 相 | 2 | | 1:内服薬 | 3:第 | 相 | 4 | | 1:内服薬 | 3:第 | 相 | 6 | | 1:内服薬 | 2:第 | 相 | 3 | | 2:注射薬 | 1:第 | 相 | 4 | | 3:外用薬 | 3:第 | 相 | 4 | | 3:外用薬 | 3:第 | 相 | 1 | | 2:注射薬 | 2:第 | 相 | 36 | | 2:注射薬 | 3:第 | 相 | 7 | | 2:注射薬 | 3:第 | 相 | 1 | | 1:内服薬 | 2:第 | 相 | 12 | | 1:内服薬 | 3:第 | 相 | 2 | | 1:内服薬 | 1:第 | 相 | 3 | | 3:外用薬 | 3:第 | 相 | 4 | | 2:注射薬 | 3:第 | 相 | 6 | | 2:注射薬 | 3:第 | 相 | 6 | | 2:注射薬 | 3:第 | 相 | 2 | | 区分 | 相 | 対象患者数 | 徴収額 | 3:第 | 相 | 3 | | 3:第 | 相 | 1 | | 区分 | 病床数 | 徴収金額 | 01:個室 | 35 | 4,320 | 01:個室 | 28 | 8,640 | 01:個室 | 3 | 10,800 | 01:個室 | 2 | 19,440 | 01:個室 | 2 | 13,000 | 01:個室 | 29 | | 02:2人室 | 228 | | 03:3人室 | 24 | | 04:4人室 | 298 | | 05:5人室以上 | | |
| 内・注・外 | 区分 | 相 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 1:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:外用薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:外用薬 | 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 1:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:外用薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 相 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 35 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 28 | 8,640 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 10,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 19,440 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 13,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 228 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 298 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|--------------------------|-----------------------|--------------------------|-----|--|
| | | | | <p>(大病院初診) 第 3号 徴収開始年月日:平成28年 4月 1日 徴収額 初診患者数 徴収患者数 5,000 3,000 特定機能病院及び許可病床数400床以上の地域医療支援病院の再診 (大病院再診) 第 3号 徴収開始年月日:平成28年 4月 1日 徴収額 再診患者数 徴収患者数 2,500 1,500 入院期間が180日を超える入院 (超過入院) 第 359号 徴収開始年月日:平成26年 4月 1日 入院料区分 対象者数 徴収日数 徴収料金 38:(一般入院) 7対1入 2,578</p> |
| 80,1004,2 (80,3005,3) | 独立行政法人国立病院 機構 医王病院 | 〒920-0171 金沢市岩出町二73-1 | 310 | <p>薬価基準の収載医薬品の薬機法と異なる用法等に係る投与 (薬価基準) 第 15号 徴収開始年月日:平成18年 8月 1日 販売名 徴収額 ストロメクトール錠3mg 824 入院医療に係る特別の療養環境の提供 (入療養提供) 第 597号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 14 3,780 01:個室 12 3,240 01:個室 4 02:2人室 12 04:4人室 268 全許可病床数 310床 費用徴収病床数 26床 割合 8.4%</p> |
| | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----------------------|---------------------------------|-----|---|----|-----|------|-------|----|-------|-------|----|-------|-------|---|-------|--------|---|-------|--------|-----|--|--------|------|----------------------|--------|-----|--|--------|------|----------------------|
| 80,1006,7 (80,3004,6) | 独立行政法人国立病院 機構 石川病院 | 〒922-0405 加賀市手塚町サ 1 5 0 | 240 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 607号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>10</td><td>2,592</td></tr> <tr><td>01:個室</td><td>14</td><td>3,780</td></tr> <tr><td>01:個室</td><td>1</td><td>3,996</td></tr> <tr><td>01:個室</td><td>2</td><td>6,480</td></tr> <tr><td>01:個室</td><td>8</td><td></td></tr> <tr><td>02:2人室</td><td>6</td><td></td></tr> <tr><td>04:4人室</td><td>172</td><td></td></tr> <tr><td>全許可病床数</td><td>213床</td><td>費用徴収病床数 27床 割合 12.7%</td></tr> </tbody> </table> <p>200床以上の病院の初診 (病院初診)第 44号 徴収額 初診患者数 徴収患者数 1,620 徴収開始年月日：平成26年 4月 1日</p> <p>入院期間が180日を超える入院 (超過入院)第 370号 入院料区分 対象者数 徴収日数 徴収料金 40:(一般入院)10対1 2,158 12:(一般入院)特定入院 1,565 徴収開始年月日：平成17年11月 1日</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 10 | 2,592 | 01:個室 | 14 | 3,780 | 01:個室 | 1 | 3,996 | 01:個室 | 2 | 6,480 | 01:個室 | 8 | | 02:2人室 | 6 | | 04:4人室 | 172 | | 全許可病床数 | 213床 | 費用徴収病床数 27床 割合 12.7% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | 2,592 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 3,780 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,996 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 6,480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 172 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 213床 | 費用徴収病床数 27床 割合 12.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80,1008,3 | 独立行政法人国立病院 機構 七尾病院 | 〒926-0841 七尾市松百町 8 部 3 番地の 1 | 240 | <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 610号 徴収開始年月日：平成28年 4月11日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>病床数</th> <th>徴収金額</th> </tr> </thead> <tbody> <tr><td>01:個室</td><td>14</td><td>2,057</td></tr> <tr><td>01:個室</td><td>18</td><td>2,571</td></tr> <tr><td>01:個室</td><td>2</td><td>4,320</td></tr> <tr><td>02:2人室</td><td>4</td><td></td></tr> <tr><td>04:4人室</td><td>176</td><td></td></tr> <tr><td>全許可病床数</td><td>214床</td><td>費用徴収病床数 34床 割合 15.9%</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 14 | 2,057 | 01:個室 | 18 | 2,571 | 01:個室 | 2 | 4,320 | 02:2人室 | 4 | | 04:4人室 | 176 | | 全許可病床数 | 214床 | 費用徴収病床数 34床 割合 15.9% | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 2,057 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 18 | 2,571 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 4,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 176 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 214床 | 費用徴収病床数 34床 割合 15.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---------------------|------------------------------|-------|--|-------|----|---|-------|-----|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|---|--|-------|-----|---|----|--|-------|-----|---|---|--|-------|-----|---|---|--|
| 80,1009,1 (80,3006,1) | 国立大学法人 金沢大学 附属病院 | 〒920-8641 金沢市宝町 1 3 番 1 号 | 838 | <p>医薬品の治験に係る診療 (治験診療) 第 79号</p> <p>徴収開始年月日：平成28年 7月 1日</p> <table border="1"> <thead> <tr> <th>内・注・外</th> <th>区分</th> <th>相</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>15</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>11</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>11</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>5</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>7</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>7</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>1:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>10</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>5</td><td></td></tr> <tr><td>2:注射薬</td><td>1:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>1:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>1:第</td><td>相</td><td>10</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第</td><td>相</td><td>8</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>1:第</td><td>相</td><td>7</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第</td><td>相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第</td><td>相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>1:第</td><td>相</td><td>12</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第</td><td>相</td><td>3</td><td></td></tr> </tbody> </table> | 内・注・外 | 区分 | 相 | 対象患者数 | 徴収額 | 1:内服薬 | 3:第 | 相 | 3 | | 1:内服薬 | 3:第 | 相 | 2 | | 1:内服薬 | 2:第 | 相 | 3 | | 2:注射薬 | 3:第 | 相 | 2 | | 1:内服薬 | 3:第 | 相 | 4 | | 1:内服薬 | 3:第 | 相 | 15 | | 2:注射薬 | 3:第 | 相 | 3 | | 2:注射薬 | 2:第 | 相 | 11 | | 1:内服薬 | 3:第 | 相 | 6 | | 2:注射薬 | 2:第 | 相 | 3 | | 1:内服薬 | 3:第 | 相 | 11 | | 2:注射薬 | 3:第 | 相 | 4 | | 2:注射薬 | 3:第 | 相 | 5 | | 2:注射薬 | 3:第 | 相 | 3 | | 1:内服薬 | 3:第 | 相 | 3 | | 2:注射薬 | 3:第 | 相 | 7 | | 2:注射薬 | 3:第 | 相 | 2 | | 1:内服薬 | 3:第 | 相 | 1 | | 2:注射薬 | 2:第 | 相 | 4 | | 2:注射薬 | 3:第 | 相 | 1 | | 2:注射薬 | 2:第 | 相 | 4 | | 1:内服薬 | 3:第 | 相 | 7 | | 1:内服薬 | 3:第 | 相 | 1 | | 2:注射薬 | 1:第 | 相 | 2 | | 1:内服薬 | 2:第 | 相 | 4 | | 1:内服薬 | 3:第 | 相 | 3 | | 2:注射薬 | 3:第 | 相 | 10 | | 2:注射薬 | 3:第 | 相 | 5 | | 2:注射薬 | 1:第 | 相 | 3 | | 1:内服薬 | 3:第 | 相 | 6 | | 1:内服薬 | 1:第 | 相 | 6 | | 1:内服薬 | 1:第 | 相 | 10 | | 1:内服薬 | 2:第 | 相 | 3 | | 2:注射薬 | 2:第 | 相 | 2 | | 1:内服薬 | 2:第 | 相 | 8 | | 2:注射薬 | 3:第 | 相 | 4 | | 1:内服薬 | 3:第 | 相 | 2 | | 1:内服薬 | 1:第 | 相 | 7 | | 1:内服薬 | 3:第 | 相 | 4 | | 2:注射薬 | 2:第 | 相 | 1 | | 1:内服薬 | 1:第 | 相 | 12 | | 2:注射薬 | 3:第 | 相 | 6 | | 2:注射薬 | 3:第 | 相 | 3 | |
| 内・注・外 | 区分 | 相 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 1:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 1:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 1:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 1:第 | 相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第 | 相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 1:第 | 相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第 | 相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第 | 相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 1:第 | 相 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第 | 相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 |
|--------|--------|---------|-----|--|
| | | | | <p>カナグリフロジン 1:内服薬 3:第相 5 Daratumumab 2:注射薬 3:第相 2 AZD9291 1:内服薬 3:第相 7 CNT01959 (guselk 2:注射薬 3:第相 3 Plerixafor 2:注射薬 2:第相 1 Tralokinumab 2:注射薬 3:第相 2</p> <p>医療機器の治験に係る診療 (機器治験)第 17号 徴収開始年月日:平成28年 7月 1日 治験機器名称 区分 対象患者数 徴収額 LX-01 血球細胞除去用浄化 6 OL-RF-002 ラジオ波(5 Celution-SUI 10 PAX-15 11 Celution 800/ 8</p> <p>薬機法に基づく承認を受けた医薬品の投与 (医薬品投与)第 3号 徴収開始年月日:平成28年 3月29日 販売名 徴収額 タグリッソ錠40mg・タグリッソ錠80mg 0</p> <p>薬機法に基づく承認又は認証を受けた医療機器の使用 (機器使用)第 1号 徴収開始年月日:平成19年 7月 2日 医療機器の販売名 徴収額 医療機器管理室 技師の人数 PillCamSBカプセル 104,400 1:有 4</p> <p>薬価基準の収載医薬品の薬機法と異なる用法等に係る投与 (薬価基準)第 4号 徴収開始年月日:平成17年 6月21日 販売名 徴収額 ストロメクトール錠3mg 821</p> <p>入院医療に係る特別の療養環境の提供 (入療養提供)第 509号 徴収開始年月日:平成26年 4月 1日 区分 病床数 徴収金額 01:個室 1 37,800 01:個室 3 27,000 01:個室 44 10,800 01:個室 102 8,640 01:個室 6 6,480 01:個室 96 02:2人室 28 03:3人室 12 04:4人室 528 99:その他 18 全許可病床数 838床 費用徴収病床数 156床 割合 18.6%</p> <p>特定機能病院及び許可病床数400床以上の地域医療支援病院の初診 (大病院初診)第 2号 徴収開始年月日:平成28年 4月 1日 徴収額 初診患者数 徴収患者数 5,000 3,000</p> <p>特定機能病院及び許可病床数400床以上の地域医療支援病院の再診 (大病院再診)第 2号 徴収開始年月日:平成28年 4月 1日</p> |

保険外併用療養費医療機関名簿

| 医療機関番号 | 医療機関名称 | 医療機関所在地 | 病床数 | 報告内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------|---------|---------------------|--|-----|-------|-------|--|-------|--|--|--|-------|--|--|--|--|--|--|--|-------|--|--|-----|--------------|--|--|-------|--------------|--|--|-------|--------------|--|--|-------|--------------|--|--|-------|--------------|--|--|-------|--------------|--|--|-------|--------------|--|--|-------|--------------|--|--|-------|--------------|--|--|-------|--------------|--|--|-------|---------------------------------|--|--|--|-------|--|------|---------------------|---------------|--|--|-----------|---------------|--|--|-------|--|--|--|-------|
| | | | | <table border="0"> <tr> <td>徴収額</td> <td>再診患者数</td> <td>徴収患者数</td> <td></td> </tr> <tr> <td>2,500</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1,500</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 18号</td> </tr> <tr> <td colspan="3">診療の名称</td> <td>徴収額</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>2,214</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>2,646</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>1,944</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>2,387</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>1,750</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>1,944</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>1,836</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>1,760</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>1,663</td> </tr> <tr> <td>02:リハビリテーション</td> <td></td> <td></td> <td>1,890</td> </tr> <tr> <td colspan="4">入院期間が180日を超える入院 (超過入院)第 362号</td> </tr> <tr> <td colspan="2">入院料区分</td> <td>対象者数</td> <td>徴収開始年月日：平成26年 4月 1日</td> </tr> <tr> <td>13:(特定入院)7対1入</td> <td></td> <td></td> <td>徴収日数 徴収料金</td> </tr> <tr> <td>12:(一般入院)特定入院</td> <td></td> <td></td> <td>2,592</td> </tr> <tr> <td></td> <td></td> <td></td> <td>1,565</td> </tr> </table> | 徴収額 | 再診患者数 | 徴収患者数 | | 2,500 | | | | 1,500 | | | | 医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 18号 | | | | 診療の名称 | | | 徴収額 | 02:リハビリテーション | | | 2,214 | 02:リハビリテーション | | | 2,646 | 02:リハビリテーション | | | 1,944 | 02:リハビリテーション | | | 2,387 | 02:リハビリテーション | | | 1,750 | 02:リハビリテーション | | | 1,944 | 02:リハビリテーション | | | 1,836 | 02:リハビリテーション | | | 1,760 | 02:リハビリテーション | | | 1,663 | 02:リハビリテーション | | | 1,890 | 入院期間が180日を超える入院 (超過入院)第 362号 | | | | 入院料区分 | | 対象者数 | 徴収開始年月日：平成26年 4月 1日 | 13:(特定入院)7対1入 | | | 徴収日数 徴収料金 | 12:(一般入院)特定入院 | | | 2,592 | | | | 1,565 |
| 徴収額 | 再診患者数 | 徴収患者数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医科点数表等に規定する回数を超えて受けた診療 (規定回数超)第 18号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | | | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 2,214 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 2,646 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 1,944 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 2,387 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 1,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 1,944 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 1,836 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 1,760 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 1,663 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | | | 1,890 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院期間が180日を超える入院 (超過入院)第 362号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | | 対象者数 | 徴収開始年月日：平成26年 4月 1日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13:(特定入院)7対1入 | | | 徴収日数 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12:(一般入院)特定入院 | | | 2,592 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1,565 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |