

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) | 岡部病院 | 〒921-8114 金沢市長坂町チ 1 5 | 287 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 811号 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>1,980</td></tr> <tr><td>01:個室</td><td>7</td><td>2,200</td></tr> <tr><td>01:個室</td><td>46</td><td>2,420</td></tr> <tr><td>01:個室</td><td>9</td><td></td></tr> <tr><td>02: 2人室</td><td>14</td><td>1,100</td></tr> <tr><td>03: 3人室</td><td>18</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>136</td><td></td></tr> <tr> <td>全許可病床数</td> <td>287床</td> <td>費用徴収病床数 72床 割合 25.1%</td> </tr> </tbody> </table> <p>金属床による総義歯の提供 (金属総義歯) 第 147号 徴収開始年月日：平成19年11月27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>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> | 区分 | 病床数 | 徴収金額 | 01:個室 | 5 | 1,980 | 01:個室 | 7 | 2,200 | 01:個室 | 46 | 2,420 | 01:個室 | 9 | | 02: 2人室 | 14 | 1,100 | 03: 3人室 | 18 | | 04: 4人室 | 52 | | 05: 5人室以上 | 136 | | 全許可病床数 | 287床 | 費用徴収病床数 72床 割合 25.1% | 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 | 1,980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 46 | 2,420 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2人室 | 14 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03: 3人室 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: 4人室 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05: 5人室以上 | 136 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 287床 | 費用徴収病床数 72床 割合 25.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 〒920-8551 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 793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>8,800</td></tr> <tr><td>01:個室</td><td>7</td><td>5,500</td></tr> <tr><td>02: 2人室</td><td>4</td><td>3,300</td></tr> <tr><td>04: 4人室</td><td>48</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 12床 割合 20.0%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 476号 徴収開始年月日：平成16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>05: (一般入院) 急性期一</td><td></td><td></td><td>2,350</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 8,800 | 01:個室 | 7 | 5,500 | 02: 2人室 | 4 | 3,300 | 04: 4人室 | 48 | | 全許可病床数 | 60床 | 費用徴収病床数 12床 割合 20.0% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 05: (一般入院) 急性期一 | | | 2,350 | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2人室 | 4 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: 4人室 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 60床 | 費用徴収病床数 12床 割合 20.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05: (一般入院) 急性期一 | | | 2,350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|-----------------------|-----------------------------|-----|--|----|-----|------|-------|---|--------|-------|---|-------|-------|---|-------|-------|---|-------|--------|---|--|--------|----|--|--------|------|----------------------|
| 01,1114,5 | 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13-43 | 125 | <p>医薬品の治験に係る診療 (治験診療) 第 144号 治験薬名称 SK-1405 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Ⅱ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 699号 徴収開始年月日：平成25年 9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>12,100</td></tr> <tr><td>01:個室</td><td>6</td><td>8,250</td></tr> <tr><td>01:個室</td><td>8</td><td>6,050</td></tr> <tr><td>01:個室</td><td>7</td><td>4,950</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> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 481号 入院料区分 対象者数 徴収日数 徴収料金 04:(一般入院)急性期一 2,376 11:(一般入院)特別入院 1,002</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 3 | 12,100 | 01:個室 | 6 | 8,250 | 01:個室 | 8 | 6,050 | 01:個室 | 7 | 4,950 | 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% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 12,100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 8,250 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 6,050 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 4,950 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | 306 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 818号 徴収開始年月日：平成28年 8月 4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>8,250</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>7,700</td> </tr> <tr> <td>01:個室</td> <td>16</td> <td>6,380</td> </tr> <tr> <td>01:個室</td> <td>38</td> <td>4,180</td> </tr> <tr> <td>01:個室</td> <td>17</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>04:4人室</td> <td>40</td> <td></td> </tr> <tr> <td>05:5人室以上</td> <td>170</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>306床</td> <td>費用徴収病床数 59床 割合 19.3%</td> </tr> </tbody> </table> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 18号 徴収開始年月日：令和 5年10月 1日 徴収額 初診患者数 徴収患者数 7,700</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 17号 徴収開始年月日：令和 5年10月 1日 徴収額 再診患者数 徴収患者数 3,300</p> <p>入院期間が180日を超える入院 (超過入院) 第 452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 01:(一般入院)急性期一 2,728</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 4 | 8,250 | 01:個室 | 1 | 7,700 | 01:個室 | 16 | 6,380 | 01:個室 | 38 | 4,180 | 01:個室 | 17 | | 02:2人室 | 8 | | 03:3人室 | 12 | | 04:4人室 | 40 | | 05:5人室以上 | 170 | | 全許可病床数 | 306床 | 費用徴収病床数 59床 割合 19.3% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 8,250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 16 | 6,380 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 38 | 4,180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 306床 | 費用徴収病床数 59床 割合 19.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 147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Ⅱ相 10 3:外用薬 3:第Ⅲ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 826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>12</td><td>8,800</td></tr> <tr><td>01:個室</td><td>10</td><td>7,700</td></tr> <tr><td>01:個室</td><td>19</td><td>6,600</td></tr> <tr><td>01:個室</td><td>20</td><td>5,500</td></tr> <tr><td>01:個室</td><td>7</td><td>3,300</td></tr> <tr><td>01:個室</td><td>3</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>243床</td><td>費用徴収病床数 68床 割合 28.0%</td></tr> </tbody> </table> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 19号 徴収額 初診患者数 徴収患者数 7,700 徴収開始年月日：令和 5年12月 1日</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 18号 徴収額 再診患者数 徴収患者数 3,300 徴収開始年月日：令和 5年12月 1日</p> <p>入院期間が180日を超える入院 (超過入院) 第 464号 入院料区分 対象者数 徴収日数 徴収料金 01:(一般入院) 急性期一 2,720 徴収開始年月日：平成28年 4月 1日</p> <p>白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 51号 徴収開始年月日：令和 3年 5月17日</p> <table border="1"> <thead> <tr> <th>多焦点眼内レンズの販売名</th> <th>医薬品医療機器等法承認番号</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>AMO テクニス シナジー オ</td><td>30200BZX0005500</td><td>190,000</td></tr> <tr><td>AMO テクニス シナジー ト</td><td>30200BZX0013900</td><td>210,000</td></tr> <tr><td>アルコン クレオン パンソ</td><td>30200BZX0029400</td><td>230,000</td></tr> <tr><td>アルコン クレオン パンソ</td><td>30300BZX0015300</td><td>250,000</td></tr> <tr><td>ファインビジョン HP</td><td>30400BZX0019700</td><td>240,000</td></tr> <tr><td>アルコン クレオン ウィウ</td><td>30500BZX0004100</td><td>230,000</td></tr> <tr><td>アルコン クレオン パンソ</td><td>30200BZX0029300</td><td>230,000</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 12 | 8,800 | 01:個室 | 10 | 7,700 | 01:個室 | 19 | 6,600 | 01:個室 | 20 | 5,500 | 01:個室 | 7 | 3,300 | 01:個室 | 3 | | 04:4人室 | 172 | | 全許可病床数 | 243床 | 費用徴収病床数 68床 割合 28.0% | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | AMO テクニス シナジー オ | 30200BZX0005500 | 190,000 | AMO テクニス シナジー ト | 30200BZX0013900 | 210,000 | アルコン クレオン パンソ | 30200BZX0029400 | 230,000 | アルコン クレオン パンソ | 30300BZX0015300 | 250,000 | ファインビジョン HP | 30400BZX0019700 | 240,000 | アルコン クレオン ウィウ | 30500BZX0004100 | 230,000 | アルコン クレオン パンソ | 30200BZX0029300 | 230,000 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 12 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 19 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 20 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 172 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 243床 | 費用徴収病床数 68床 割合 28.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMO テクニス シナジー オ | 30200BZX0005500 | 190,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMO テクニス シナジー ト | 30200BZX0013900 | 210,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クレオン パンソ | 30200BZX0029400 | 230,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クレオン パンソ | 30300BZX0015300 | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ファインビジョン HP | 30400BZX0019700 | 240,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クレオン ウィウ | 30500BZX0004100 | 230,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クレオン パンソ | 30200BZX0029300 | 230,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|------------------------|---------------------------|---------|---|----|-----|------|-------|----|-----|-------|----|-----|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|----|-------|-------|---|-------|-------|----|--|--------|----|-----|--------|---|--|--------|----|--|--------|-----|--|--------|------|----------------------|----|-------|----|----|------|----|---------|---------|--|---------|---------|---------|--------|--|---------|---------|
| 01,1284,6 (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 style="text-align: right;">アルゴン クレオン パンテ 30400BZX0025000 250,000</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 704号 徴収開始年月日：平成28年12月 1日</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">区分</td> <td style="width: 15%;">病床数</td> <td style="width: 25%;">徴収金額</td> </tr> <tr><td>01:個室</td><td>16</td><td>550</td></tr> <tr><td>01:個室</td><td>21</td><td>660</td></tr> <tr><td>01:個室</td><td>9</td><td>1,210</td></tr> <tr><td>01:個室</td><td>8</td><td>1,650</td></tr> <tr><td>01:個室</td><td>2</td><td>1,870</td></tr> <tr><td>01:個室</td><td>2</td><td>1,980</td></tr> <tr><td>01:個室</td><td>4</td><td>2,750</td></tr> <tr><td>01:個室</td><td>13</td><td>5,500</td></tr> <tr><td>01:個室</td><td>4</td><td>7,700</td></tr> <tr><td>01:個室</td><td>45</td><td></td></tr> <tr><td>02:2人室</td><td>10</td><td>110</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> </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="0" style="width: 100%;"> <tr> <td style="width: 40%;">金属</td> <td style="width: 20%;">その他金属</td> <td style="width: 20%;">上顎</td> <td style="width: 20%;">下顎</td> </tr> <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> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 16 | 550 | 01:個室 | 21 | 660 | 01:個室 | 9 | 1,210 | 01:個室 | 8 | 1,650 | 01:個室 | 2 | 1,870 | 01:個室 | 2 | 1,980 | 01:個室 | 4 | 2,750 | 01:個室 | 13 | 5,500 | 01:個室 | 4 | 7,700 | 01:個室 | 45 | | 02:2人室 | 10 | 110 | 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 | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 21 | 660 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 9 | 1,210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 1,870 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 1,980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 13 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|----------|-------------------------------|-----|---|-------|----|-------|-----|-------|-------|---|--|-------|-------|----|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|----|-------|-----|-------|---|--|----|-----|------|-------|---|--------|-------|---|--------|-------|-----|-------|-------|----|--|--------|-----|--|----------|----|--|--------|------|---------|--|--|------|--|--|----------|
| 01,1378,6 (01,3151,1) | 石川県立中央病院 | 〒920-8201 金沢市鞍月東 2 丁目 1 番地 | 630 | <p>医薬品の治験に係る診療 (治験診療) 第 149号</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Ⅲ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>10</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>5</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>9</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>3:外用薬</td><td>3:第Ⅲ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>医療機器の治験に係る診療 (機器治験) 第 24号</p> <table border="1"> <thead> <tr> <th>区分</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>3:第Ⅲ相</td> <td>0</td> <td></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 743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>1</td><td>22,000</td></tr> <tr><td>01:個室</td><td>9</td><td>13,200</td></tr> <tr><td>01:個室</td><td>150</td><td>6,600</td></tr> <tr><td>01:個室</td><td>28</td><td></td></tr> <tr><td>04:4人室</td><td>380</td><td></td></tr> <tr><td>05:5人室以上</td><td>62</td><td></td></tr> <tr> <td>全許可病床数</td> <td>630床</td> <td>費用徴収病床数</td> </tr> <tr> <td></td> <td></td> <td>160床</td> </tr> <tr> <td></td> <td></td> <td>割合 25.4%</td> </tr> </tbody> </table> <p>徴収開始年月日：平成26年 4月 1日</p> | 内・注・外 | 区分 | 対象患者数 | 徴収額 | 1:内服薬 | 3:第Ⅲ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 10 | | 1:内服薬 | 3:第Ⅲ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 4 | | 2:注射薬 | 2:第Ⅱ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 4 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 5 | | 1:内服薬 | 3:第Ⅲ相 | 9 | | 2:注射薬 | 2:第Ⅱ相 | 6 | | 1:内服薬 | 2:第Ⅱ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 6 | | 1:内服薬 | 3:第Ⅲ相 | 4 | | 2:注射薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 1 | | 3:外用薬 | 3:第Ⅲ相 | 1 | | 区分 | 対象患者数 | 徴収額 | 3:第Ⅲ相 | 0 | | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 22,000 | 01:個室 | 9 | 13,200 | 01:個室 | 150 | 6,600 | 01:個室 | 28 | | 04:4人室 | 380 | | 05:5人室以上 | 62 | | 全許可病床数 | 630床 | 費用徴収病床数 | | | 160床 | | | 割合 25.4% |
| 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第Ⅱ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第Ⅱ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:外用薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:第Ⅲ相 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 22,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 9 | 13,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 150 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 380 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 630床 | 費用徴収病床数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 160床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 割合 25.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 |
|--------|--------|---------|-----|--|
| | | | | <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 13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 7,700 5,500</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 12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 3,300 2,090</p> <p>入院期間が180日を超える入院 (超過入院) 第 468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 01: (一般入院) 急性期一 2,730</p> <p>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> <p>白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 13号 徴収開始年月日：令和 2年 7月31日 多焦点眼内レンズの販売名 医薬品医療機器等法承認番号 徴収額 アルコン アクリソフ IQ P 23100BZX0004200 210,265 アルコン アクリソフ IQ P 23100BZX0004300 232,485 アルコン アクリソフ IQ レ 22000BZX0097000 138,050 アルコン アクリソフ IQ レ 22600BZX0000700 165,825 AMO テクニスシンフォニーV 22900BZX0000500 158,895 AMO テクニスシンフォニーT 22900BZX0036000 181,115 AMO テクニスマルチフォーカ 22300BZX0027700 147,785 AMO テクニスマルチフォーカ 22100BZX0019500 147,785</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 | 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 837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>6</td><td>4,300</td></tr> <tr><td>01:個室</td><td>16</td><td>4,500</td></tr> <tr><td>01:個室</td><td>3</td><td>8,500</td></tr> <tr><td>01:個室</td><td>2</td><td>12,100</td></tr> <tr><td>01:個室</td><td>3</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>18</td><td></td></tr> <tr><td>04:4人室</td><td>108</td><td></td></tr> <tr> <td>全許可病床数</td> <td>166床</td> <td>費用徴収病床数 27床 割合 16.3%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 485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>04: (一般入院) 急性期一</td> <td></td> <td></td> <td>2,376</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 6 | 4,300 | 01:個室 | 16 | 4,500 | 01:個室 | 3 | 8,500 | 01:個室 | 2 | 12,100 | 01:個室 | 3 | | 02:2人室 | 10 | | 03:3人室 | 18 | | 04:4人室 | 108 | | 全許可病床数 | 166床 | 費用徴収病床数 27床 割合 16.3% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 04: (一般入院) 急性期一 | | | 2,376 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 4,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 16 | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 8,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 12,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 108 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 166床 | 費用徴収病床数 27床 割合 16.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: (一般入院) 急性期一 | | | 2,376 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1401,6 | 小池病院 | 〒920-0912 金沢市大手町8-20 | 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 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>費用徴収病床数 5床 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 692号 徴収開始年月日：平成28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>1</td><td>11,000</td></tr> <tr><td>01:個室</td><td>6</td><td>7,700</td></tr> <tr><td>01:個室</td><td>4</td><td>5,500</td></tr> <tr><td>01:個室</td><td>16</td><td>4,400</td></tr> <tr><td>01:個室</td><td>1</td><td>3,300</td></tr> <tr><td>01:個室</td><td>2</td><td></td></tr> <tr><td>02:2人室</td><td>16</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>150床</td> <td>費用徴収病床数 28床 割合 18.7%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 458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>04: (一般入院) 急性期一</td> <td></td> <td></td> <td>2,376</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 11,000 | 01:個室 | 6 | 7,700 | 01:個室 | 4 | 5,500 | 01:個室 | 16 | 4,400 | 01:個室 | 1 | 3,300 | 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% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 04: (一般入院) 急性期一 | | | 2,376 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 16 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: (一般入院) 急性期一 | | | 2,376 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|----------|-------------------------------|-------|---|----|-----|------|-------|---|--------|----------|----|-------|----------|---|-------|----------|-----|-------|----------|------|----------------------|----------|---|-------|----------|-----|---------------------|----------|---|--|----------|---|--|--|----|--|--------|-----|----------------------|-------|------|------|------|-----------------|--|--|-------|
| 01,1498,2 | 大手町病院 | 〒920-0912 金沢市大手町 5 番 3 2 号 | 220 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 713号 徴収開始年月日：平成26年 4月 1日 <table border="0" style="width:100%"> <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>3,300</td> </tr> <tr> <td>02: 2 人室</td> <td>24</td> <td>1,650</td> </tr> <tr> <td>03: 3 人室</td> <td>3</td> <td></td> </tr> <tr> <td>04: 4 人室</td> <td>192</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>220床</td> <td>費用徴収病床数 25床 割合 11.4%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 3,300 | 02: 2 人室 | 24 | 1,650 | 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% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 24 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1544,3 | 加藤整形外科医院 | 〒921-8012 金沢市本江町 8 番 1 8 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 810号 徴収開始年月日：平成26年 4月 1日 <table border="0" style="width:100%"> <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>2,200</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>1,870</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>1,650</td> </tr> <tr> <td>02: 2 人室</td> <td>4</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>19床</td> <td>費用徴収病床数 5床 割合 26.3%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 2,200 | 01:個室 | 1 | 1,870 | 01:個室 | 3 | 1,650 | 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 5床 割合 26.3% | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 1,870 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 5床 割合 26.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1559,1 | 整形外科米澤病院 | 〒920-0848 金沢市京町 1 番 3 0 号 | 72 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 694号 徴収開始年月日：平成26年 4月 1日 <table border="0" style="width:100%"> <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>11,000</td> </tr> <tr> <td>01:個室</td> <td>14</td> <td>4,400</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>3,300</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>2,750</td> </tr> <tr> <td>02: 2 人室</td> <td>6</td> <td>3,080</td> </tr> <tr> <td>02: 2 人室</td> <td>8</td> <td>2,200</td> </tr> <tr> <td>02: 2 人室</td> <td>2</td> <td>1,650</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></td> <td>28</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>72床</td> <td>費用徴収病床数 35床 割合 48.6%</td> </tr> </table> 入院期間が 1 8 0 日を超える入院 (超過入院) 第 437号 徴収開始年月日：平成26年 4月 1日 <table border="0" style="width:100%"> <tr> <td>入院料区分</td> <td>対象者数</td> <td>徴収日数</td> <td>徴収料金</td> </tr> <tr> <td>06: (一般入院) 急性期一</td> <td></td> <td></td> <td>2,160</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 11,000 | 01:個室 | 14 | 4,400 | 01:個室 | 2 | 3,300 | 01:個室 | 1 | 2,750 | 02: 2 人室 | 6 | 3,080 | 02: 2 人室 | 8 | 2,200 | 02: 2 人室 | 2 | 1,650 | 02: 2 人室 | 6 | | 03: 3 人室 | 3 | | | 28 | | 全許可病床数 | 72床 | 費用徴収病床数 35床 割合 48.6% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 06: (一般入院) 急性期一 | | | 2,160 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 6 | 3,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 8 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 2 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03: 3 人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 72床 | 費用徴収病床数 35床 割合 48.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06: (一般入院) 急性期一 | | | 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 | | | | | | | | | | | | | | | | | | | | | |
|-----------|--------|---------------------------|-----|---|----|-----|------|---------|---|-------|---------|----|-------|---------|----|-------|---------|----|--|---------|-----|---------------------|--------|-----|----------------------|
| 01,1570,8 | 川北病院 | 〒921-8031 金沢市野町1丁目3-55 | 66 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 753号 徴収開始年月日：平成22年 7月10日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">区分</td> <td style="text-align: right;">病床数</td> <td style="text-align: right;">徴収金額</td> </tr> <tr> <td>02: 2人室</td> <td style="text-align: right;">8</td> <td style="text-align: right;">3,000</td> </tr> <tr> <td>02: 2人室</td> <td style="text-align: right;">22</td> <td></td> </tr> <tr> <td>03: 3人室</td> <td style="text-align: right;">24</td> <td></td> </tr> <tr> <td>04: 4人室</td> <td style="text-align: right;">4</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: right;">58床</td> <td>費用徴収病床数 8床 割合 13.8%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 02: 2人室 | 8 | 3,000 | 02: 2人室 | 22 | | 03: 3人室 | 24 | | 04: 4人室 | 4 | | 全許可病床数 | 58床 | 費用徴収病床数 8床 割合 13.8% | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2人室 | 8 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2人室 | 22 | | | | | | | | | | | | | | | | | | | | | | | | |
| 03: 3人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: 4人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 58床 | 費用徴収病床数 8床 割合 13.8% | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1620,1 | 石野病院 | 〒921-8023 金沢市千日町7番15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" style="width: 100%;"> <tr> <td style="text-align: right;">区分</td> <td style="text-align: right;">病床数</td> <td style="text-align: right;">徴収金額</td> </tr> <tr> <td>01: 個室</td> <td style="text-align: right;">1</td> <td style="text-align: right;">3,000</td> </tr> <tr> <td>02: 2人室</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3,000</td> </tr> <tr> <td>02: 2人室</td> <td style="text-align: right;">8</td> <td style="text-align: right;">2,000</td> </tr> <tr> <td>03: 3人室</td> <td style="text-align: right;">33</td> <td></td> </tr> <tr> <td>04: 4人室</td> <td style="text-align: right;">16</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: right;">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 151号 治験薬名称 イバブラジン塩酸塩(Ivabr 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Ⅲ相 2</p> <p>医療機器の治験に係る診療 (機器治験) 第 23号 治験機器名称 Comboステント(識別番号0 Svelte DES-IDS, 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Ⅲ相 14 3:第Ⅲ相 5</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 714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>27,500</td></tr> <tr><td>01:個室</td><td>1</td><td>16,500</td></tr> <tr><td>01:個室</td><td>10</td><td>5,500</td></tr> <tr><td>01:個室</td><td>7</td><td>3,850</td></tr> <tr><td>02:2人室</td><td>10</td><td>1,650</td></tr> <tr><td>02:2人室</td><td>4</td><td></td></tr> <tr><td>04:4人室</td><td>140</td><td></td></tr> <tr><td>05:5人室以上</td><td>10</td><td></td></tr> <tr><td>全許可病床数</td><td>184床</td><td>費用徴収病床数 30床 割合 16.3%</td></tr> </tbody> </table> <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 460号 入院料区分 対象者数 徴収日数 徴収料金 01:(一般入院)急性期一 2,728 徴収開始年月日：平成26年 4月 1日</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 27,500 | 01:個室 | 1 | 16,500 | 01:個室 | 10 | 5,500 | 01:個室 | 7 | 3,850 | 02:2人室 | 10 | 1,650 | 02:2人室 | 4 | | 04:4人室 | 140 | | 05:5人室以上 | 10 | | 全許可病床数 | 184床 | 費用徴収病床数 30床 割合 16.3% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 27,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 16,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 184床 | 費用徴収病床数 30床 割合 16.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 |
|--------------------------|-----------|-----------------------------------|-----|--|
| 01,1645,8 (01,3327,7) | 近藤クリニック | 〒920-0203 金沢市木越町ト 9 番地 1 | | 金属床による総義歯の提供 (金属総義歯) 第 749号 金属 03:コバルト 04:チタン その他金属 上顎 220,000 330,000 下顎 220,000 330,000 徴収開始年月日: 令和 2年 5月12日 う蝕に罹患している患者の指導管理 (う蝕管理) 第 330号 継続管理種類 01:フッ化物局所 価格 1,500 徴収開始年月日: 令和 2年 3月28日 |
| 01,1650,8 | さがら整形外科医院 | 〒920-0342 金沢市畝田西 3 丁目 2 0 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 761号 徴収開始年月日: 平成26年 4月 1日 区分 01:個室 01:個室 02: 2 人室 05: 5 人室以上 全許可病床数 19床 病床数 2 2 4 11 費用徴収病床数 4床 徴収金額 3,300 5,500 割合 21.1% |
| 01,1667,2 | さいとう内科医院 | 〒921-8162 金沢市三馬 1 丁目 4 0 0 番地 | | 医薬品の治験に係る診療 (治験診療) 第 100号 治験薬名称 インフルエンザ治療薬 FYU-981 FYU-981 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Ⅱ相 10 1:内服薬 3:第Ⅲ相 13 1:内服薬 3:第Ⅲ相 3 |
| 01,1669,8 | 藤村有松眼科医院 | 〒921-8161 金沢市有松 2 丁目 5 番 3 6 号 | | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 56号 徴収開始年月日: 令和 2年 4月13日 多焦点眼内レンズの販売名 医薬品医療機器等法承認番号 徴収額 Clareon PanOpti 30200BZX0029300 245,000 Clareon PanOpti 30400BZX0025000 265,000 Clareon Vivity 30500BZX0004100 245,000 テクニスシンフォニー VB 22900BZX0000500 130,000 テクニスシンフォニー トーリッ 22900BZX0036000 180,000 テクニスシナジー VB Sim 30200BZX0005500 210,000 テクニスシナジー トーリック V 30200BZX0013900 230,000 |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|-------------|----------------------------|-------|--|----|-----|------|-------|---|-------|---------|---|-------|---------|---|-------|---------|---|-------|-----------|---|-------|--------|-----|---------------------|-------|----|--|---------|---|--|--------|-----|----------------------|-------|------|------|------|-----------------|--|--|-------|
| 01,1671,4 | 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 <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></td> </tr> <tr> <td>02: 2人室</td> <td>2</td> <td>1,000</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>05: 5人室以上</td> <td>6</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>19床</td> <td>費用徴収病床数 2床 割合 10.5%</td> </tr> </tbody> </table> | 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% | | | | | | | | | | | | | | | | | |
| 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 820号 徴収開始年月日：平成26年10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>2,200</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>3,850</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>4,400</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>4,950</td> </tr> <tr> <td>01:個室</td> <td>5</td> <td>6,050</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>7,150</td> </tr> <tr> <td>01:個室</td> <td>12</td> <td></td> </tr> <tr> <td>02: 2人室</td> <td>2</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>28床</td> <td>費用徴収病床数 14床 割合 50.0%</td> </tr> </tbody> </table> 入院期間が180日を超える入院 (超過入院) 第 466号 徴収開始年月日：平成16年 5月12日 <table border="1" style="width: 100%; border-collapse: collapse;"> <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>06: (一般入院) 急性期一</td> <td></td> <td></td> <td>2,277</td> </tr> </tbody> </table> 医療上必要があると認められない、患者の都合による精子の凍結等 (精子凍結) 第 3号 徴収開始年月日：令和 6年 6月 1日 徴収額 35,640 | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 2,200 | 01:個室 | 1 | 3,850 | 01:個室 | 3 | 4,400 | 01:個室 | 1 | 4,950 | 01:個室 | 5 | 6,050 | 01:個室 | 3 | 7,150 | 01:個室 | 12 | | 02: 2人室 | 2 | | 全許可病床数 | 28床 | 費用徴収病床数 14床 割合 50.0% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 06: (一般入院) 急性期一 | | | 2,277 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 4,950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 6,050 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 7,150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 28床 | 費用徴収病床数 14床 割合 50.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06: (一般入院) 急性期一 | | | 2,277 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 836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>12,000</td></tr> <tr><td>01:個室</td><td>1</td><td>8,500</td></tr> <tr><td>01:個室</td><td>1</td><td>7,500</td></tr> <tr><td>01:個室</td><td>7</td><td>6,800</td></tr> <tr><td>01:個室</td><td>4</td><td>5,800</td></tr> <tr><td>01:個室</td><td>2</td><td>4,500</td></tr> <tr><td>01:個室</td><td>2</td><td>3,500</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>2,500</td></tr> <tr><td>02: 2人室</td><td>8</td><td>1,800</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> <tr> <td>全許可病床数</td> <td>88床</td> <td>費用徴収病床数 34床 割合 38.6%</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 45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>2,200</td></tr> <tr><td>02:リハビリテーション</td><td>1,100</td></tr> <tr><td>02:リハビリテーション</td><td>2,035</td></tr> <tr><td>02:リハビリテーション</td><td>1,870</td></tr> <tr><td>02:リハビリテーション</td><td>935</td></tr> <tr><td>01:検査</td><td>1,177</td></tr> <tr><td>01:検査</td><td>1,155</td></tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 455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>01: (一般入院) 急性期一</td> <td></td> <td></td> <td>2,720</td> </tr> </tbody> </table> <p>金属床による総義歯の提供 (金属総義歯) 第 733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>03:コバルト</td> <td></td> <td>198,000</td> <td>198,000</td> </tr> <tr> <td>04:チタン</td> <td></td> <td>264,000</td> <td>264,000</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 12,000 | 01:個室 | 1 | 8,500 | 01:個室 | 1 | 7,500 | 01:個室 | 7 | 6,800 | 01:個室 | 4 | 5,800 | 01:個室 | 2 | 4,500 | 01:個室 | 2 | 3,500 | 01:個室 | 2 | | 02: 2人室 | 8 | 2,500 | 02: 2人室 | 8 | 1,800 | 02: 2人室 | 4 | | 04: 4人室 | 48 | | 全許可病床数 | 88床 | 費用徴収病床数 34床 割合 38.6% | 診療の名称 | 徴収額 | 02:リハビリテーション | 2,200 | 02:リハビリテーション | 1,100 | 02:リハビリテーション | 2,035 | 02:リハビリテーション | 1,870 | 02:リハビリテーション | 935 | 01:検査 | 1,177 | 01:検査 | 1,155 | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 01: (一般入院) 急性期一 | | | 2,720 | 金属 | その他金属 | 上顎 | 下顎 | 03:コバルト | | 198,000 | 198,000 | 04:チタン | | 264,000 | 264,000 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 8,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 7,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 6,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 5,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 4,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2人室 | 8 | 2,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2人室 | 8 | 1,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: 4人室 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 88床 | 費用徴収病床数 34床 割合 38.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,035 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,870 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 935 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,177 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,155 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01: (一般入院) 急性期一 | | | 2,720 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金属 | その他金属 | 上顎 | 下顎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:コバルト | | 198,000 | 198,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:チタン | | 264,000 | 264,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 金沢市赤土町ニ13-6 | 260 | <p>医薬品の治験に係る診療 (治験診療) 第 160号 治験薬名称 GSK1278863 HFT-290 (フェンタニルク MK-7264 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第Ⅲ相 1 3:外用薬 3:第Ⅲ相 0 1:内服薬 2:第Ⅱ相 0</p> <p>徴収開始年月日:平成28年 7月 7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 831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>11</td><td>5,500</td></tr> <tr><td>01:個室</td><td>14</td><td>6,600</td></tr> <tr><td>01:個室</td><td>22</td><td>8,800</td></tr> <tr><td>01:個室</td><td>1</td><td>9,900</td></tr> <tr><td>01:個室</td><td>6</td><td>11,000</td></tr> <tr><td>01:個室</td><td>9</td><td></td></tr> <tr><td>03:3人室</td><td>18</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>155</td><td></td></tr> <tr><td>全許可病床数</td><td>260床</td><td>費用徴収病床数 54床 割合 20.8%</td></tr> </tbody> </table> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 20号 徴収開始年月日:令和 6年 2月 1日 徴収額 初診患者数 徴収患者数 7,700</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 19号 徴収開始年月日:令和 6年 2月 1日 徴収額 再診患者数 徴収患者数 3,300</p> <p>入院期間が180日を超える入院 (超過入院) 第 461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 01:(一般入院)急性期一 2,730</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 11 | 5,500 | 01:個室 | 14 | 6,600 | 01:個室 | 22 | 8,800 | 01:個室 | 1 | 9,900 | 01:個室 | 6 | 11,000 | 01:個室 | 9 | | 03:3人室 | 18 | | 04:4人室 | 24 | | 05:5人室以上 | 155 | | 全許可病床数 | 260床 | 費用徴収病床数 54床 割合 20.8% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 11 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 22 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 9,900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 155 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 260床 | 費用徴収病床数 54床 割合 20.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--------|-------------------------------|-------|---|-------|-----|-------|-------|-------|-------|-------|---|-------|--------|---|-----|--------|-----|------|--------|----|-----|--------|-----|----------------------|--------|------|------|--------|---------------|--|--------|-------|----------------------|
| 01,1714,2 | 青和病院 | 〒920-0205 金沢市大浦町ホ 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)</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 827号</p> <table border="0"> <tr> <td>内・注・外</td> <td>区分</td> <td>対象患者数</td> <td>徴収額</td> </tr> <tr> <td>1:内服薬</td> <td>2:第Ⅱ相</td> <td>4</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>2:第Ⅱ相</td> <td>4</td> <td></td> </tr> </table> <p>徴収開始年月日：平成28年 7月 1日</p> <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>14</td> <td>880</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>1,320</td> </tr> <tr> <td>02:2人室</td> <td>16</td> <td>550</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>130床</td> <td>費用徴収病床数 34床 割合 26.2%</td> </tr> </table> | 内・注・外 | 区分 | 対象患者数 | 徴収額 | 1:内服薬 | 2:第Ⅱ相 | 4 | | 1:内服薬 | 2:第Ⅱ相 | 4 | | 区分 | 病床数 | 徴収金額 | 01:個室 | 14 | 880 | 01:個室 | 4 | 1,320 | 02:2人室 | 16 | 550 | 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% |
| 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 880 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 1,320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 16 | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1716,7 | 安田内科病院 | 〒921-8047 金沢市大豆田本町ハ 6 2 番地 | 70 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 669号</p> <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>5</td> <td>6,600</td> </tr> <tr> <td>01:個室</td> <td>5</td> <td>3,300</td> </tr> <tr> <td>02:2人室</td> <td>2</td> <td>550</td> </tr> <tr> <td>03:3人室</td> <td>6</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 12床 割合 17.1%</td> </tr> </table> <p>入院期間が180日を超える入院 (超過入院) 第 403号</p> <table border="0"> <tr> <td>入院料区分</td> <td>対象者数</td> <td>徴収日数</td> <td>徴収料金</td> </tr> <tr> <td>04:(一般入院)急性期一</td> <td></td> <td></td> <td>1,660</td> </tr> </table> <p>徴収開始年月日：平成19年 8月 1日 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 | 5 | 6,600 | 01:個室 | 5 | 3,300 | 02:2人室 | 2 | 550 | 03:3人室 | 6 | | 04:4人室 | 52 | | 全許可病床数 | 70床 | 費用徴収病床数 12床 割合 17.1% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 04:(一般入院)急性期一 | | | 1,660 | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 52 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 70床 | 費用徴収病床数 12床 割合 17.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:(一般入院)急性期一 | | | 1,660 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|---------------------|--------------------------------|-------|--|-------|-------|------|-------|-----|-------------|-------|-------|-------|-------|-------------|--------|----------|---|-------|-----------|-------|-------|----------|-----|-----------|------------|-------|---------------------|--------|-----|----------------------|-------|-------|------|-------|-----------------|----|--|--------|-----|--------------------|
| 01,1734,0 | 医療法人社団金沢 宗広病院 | 〒920-0923 金沢市桜町 2 4 の 3 0 | 54 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 700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>4,400</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>7,700</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>11,000</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>6,600</td> </tr> <tr> <td>02: 2 人室</td> <td>2</td> <td>2,200</td> </tr> <tr> <td>03: 3 人室</td> <td>9</td> <td></td> </tr> <tr> <td>05: 5 人室以上</td> <td>34</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>54床</td> <td>費用徴収病床数 11床 割合 20.4%</td> </tr> </tbody> </table> <p>入院期間が 1 8 0 日を超える入院 (超過入院) 第 404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>09: (一般入院) 地域一般</td> <td></td> <td></td> <td>1,560</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 4 | 4,400 | 01:個室 | 3 | 7,700 | 01:個室 | 1 | 11,000 | 01:個室 | 1 | 6,600 | 02: 2 人室 | 2 | 2,200 | 03: 3 人室 | 9 | | 05: 5 人室以上 | 34 | | 全許可病床数 | 54床 | 費用徴収病床数 11床 割合 20.4% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 09: (一般入院) 地域一般 | | | 1,560 | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 2 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03: 3 人室 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05: 5 人室以上 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 54床 | 費用徴収病床数 11床 割合 20.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09: (一般入院) 地域一般 | | | 1,560 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1742,3 | 十全病院 | 〒920-1155 金沢市田上本町カ 4 5 番地 1 | 256 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 756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>550</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>1,100</td> </tr> <tr> <td>01:個室</td> <td>12</td> <td></td> </tr> <tr> <td>02: 2 人室</td> <td>4</td> <td>660</td> </tr> <tr> <td>02: 2 人室</td> <td>2</td> <td></td> </tr> <tr> <td>04: 4 人室</td> <td>232</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>264床</td> <td>費用徴収病床数 18床 割合 6.8%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 10 | 550 | 01:個室 | 4 | 1,100 | 01:個室 | 12 | | 02: 2 人室 | 4 | 660 | 02: 2 人室 | 2 | | 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% | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 4 | 660 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 徴収開始年月日：平成28年 7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>MP-214 (A4)</td> <td>1:内服薬</td> <td>2:第Ⅱ相</td> <td>2</td> <td></td> </tr> <tr> <td>MP-214 (A5)</td> <td>1:内服薬</td> <td>2:第Ⅱ相</td> <td>1</td> <td></td> </tr> <tr> <td>OPC-34712</td> <td>1:内服薬</td> <td>2:第Ⅱ相</td> <td>2</td> <td></td> </tr> <tr> <td>DSP-5423P</td> <td>3:外用薬</td> <td>3:第Ⅲ相</td> <td>3</td> <td></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 762号 徴収開始年月日：平成27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>8</td> <td>2,200</td> </tr> <tr> <td>04: 4 人室</td> <td>80</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>88床</td> <td>費用徴収病床数 8床 割合 9.1%</td> </tr> </tbody> </table> | 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | MP-214 (A4) | 1:内服薬 | 2:第Ⅱ相 | 2 | | MP-214 (A5) | 1:内服薬 | 2:第Ⅱ相 | 1 | | OPC-34712 | 1:内服薬 | 2:第Ⅱ相 | 2 | | DSP-5423P | 3:外用薬 | 3:第Ⅲ相 | 3 | | 区分 | 病床数 | 徴収金額 | 01:個室 | 8 | 2,200 | 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% |
| 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MP-214 (A4) | 1:内服薬 | 2:第Ⅱ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MP-214 (A5) | 1:内服薬 | 2:第Ⅱ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPC-34712 | 1:内服薬 | 2:第Ⅱ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DSP-5423P | 3:外用薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------|-----------------------------|-------|--|----|-----|------|-------|---|-------|-------|----|-------|--------|----|-------|--------|-----|---------------------|--------|-----|----------------------|--------|------|--------------------|--------|-----------------|--------------------|--|-------|
| 01,1750,6 | 森下整形外科医院 | 〒921-8066 金沢市矢木1-9 6 | 19 | 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 徴収開始年月日：平成16年 8月 5日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">区分</td> <td style="text-align: center;">病床数</td> <td style="text-align: center;">徴収金額</td> </tr> <tr> <td>01:個室</td> <td style="text-align: center;">1</td> <td style="text-align: right;">7,000</td> </tr> <tr> <td>01:個室</td> <td style="text-align: center;">6</td> <td style="text-align: right;">5,000</td> </tr> <tr> <td></td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: center;">19床</td> <td>費用徴収病床数 7床 割合 36.8%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 7,000 | 01:個室 | 6 | 5,000 | | 12 | | 全許可病床数 | 19床 | 費用徴収病床数 7床 割合 36.8% | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 7,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 19床 | 費用徴収病床数 7床 割合 36.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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174番地 | 457 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 693号 徴収開始年月日：平成28年10月 1日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">区分</td> <td style="text-align: center;">病床数</td> <td style="text-align: center;">徴収金額</td> </tr> <tr> <td>01:個室</td> <td style="text-align: center;">6</td> <td style="text-align: right;">1,100</td> </tr> <tr> <td>01:個室</td> <td style="text-align: center;">34</td> <td></td> </tr> <tr> <td>02:2人室</td> <td style="text-align: center;">50</td> <td></td> </tr> <tr> <td>03:3人室</td> <td style="text-align: center;">6</td> <td></td> </tr> <tr> <td>04:4人室</td> <td style="text-align: center;">400</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: center;">496床</td> <td>費用徴収病床数 6床 割合 1.2%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 6 | 1,100 | 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% | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1789,4 | 結城病院 | 〒921-8173 金沢市円光寺3丁目21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 722号 徴収開始年月日：平成29年 2月 1日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">区分</td> <td style="text-align: center;">病床数</td> <td style="text-align: center;">徴収金額</td> </tr> <tr> <td>01:個室</td> <td style="text-align: center;">5</td> <td style="text-align: right;">1,100</td> </tr> <tr> <td>01:個室</td> <td style="text-align: center;">3</td> <td style="text-align: right;">1,650</td> </tr> <tr> <td>01:個室</td> <td style="text-align: center;">6</td> <td></td> </tr> <tr> <td>02:2人室</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>03:3人室</td> <td style="text-align: center;">9</td> <td></td> </tr> <tr> <td>04:4人室</td> <td style="text-align: center;">96</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: center;">129床</td> <td>費用徴収病床数 8床 割合 6.2%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 5 | 1,100 | 01:個室 | 3 | 1,650 | 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% | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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76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 780号 徴収開始年月日：平成26年 4月 1日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">区分</td> <td style="text-align: center;">病床数</td> <td style="text-align: center;">徴収金額</td> </tr> <tr> <td>01:個室</td> <td style="text-align: center;">1</td> <td style="text-align: right;">9,900</td> </tr> <tr> <td>01:個室</td> <td style="text-align: center;">24</td> <td style="text-align: right;">3,300</td> </tr> <tr> <td>02:2人室</td> <td style="text-align: center;">8</td> <td style="text-align: right;">1,650</td> </tr> <tr> <td>04:4人室</td> <td style="text-align: center;">64</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: center;">97床</td> <td>費用徴収病床数 33床 割合 34.0%</td> </tr> </table> 入院期間が180日を超える入院 (超過入院) 第 405号 徴収開始年月日：平成16年 4月 1日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">入院料区分</td> <td style="text-align: center;">対象者数</td> <td style="text-align: center;">徴収日数</td> <td style="text-align: center;">徴収料金</td> </tr> <tr> <td>10: (一般入院) 地域一般</td> <td></td> <td></td> <td style="text-align: right;">1,600</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 9,900 | 01:個室 | 24 | 3,300 | 02:2人室 | 8 | 1,650 | 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% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 10: (一般入院) 地域一般 | | | 1,600 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 9,900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 24 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10: (一般入院) 地域一般 | | | 1,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | |
|-----------|-------------|----------------------------|-----|---|----|-----|------|-------|---|-------|--------|---|-------|--------|---|--|--------|---|--|--------|-----|---------------------|
| 01,1803,3 | 三治整形外科クリニック | 〒920-0226 金沢市粟崎町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 688号 徴収開始年月日：平成26年 4月 1日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">区分</td> <td style="text-align: right;">病床数</td> <td style="text-align: right;">徴収金額</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">3</td> <td style="text-align: right;">4,400</td> </tr> <tr> <td>02:2人室</td> <td style="text-align: right;">6</td> <td style="text-align: right;">1,650</td> </tr> <tr> <td>02:2人室</td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>04:4人室</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: right;">19床</td> <td>費用徴収病床数 9床 割合 47.4%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 3 | 4,400 | 02:2人室 | 6 | 1,650 | 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% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 4,400 | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 1,650 | | | | | | | | | | | | | | | | | | | | |
| 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 金沢市沖町ハの部15番 | 248 | <p>医薬品の治験に係る診療 (治験診療) 第 152号 治験薬名称 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 2:注射薬 2:第Ⅱ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 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>薬価基準の記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 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 689号 徴収開始年月日：平成28年 4月 1日</p> <table border="1" data-bbox="1164 798 1747 1021"> <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>9,900</td> </tr> <tr> <td>01:個室</td> <td>61</td> <td>5,500</td> </tr> <tr> <td>01:個室</td> <td>16</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>18</td> <td>2,750</td> </tr> <tr> <td>03:3人室</td> <td>6</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>248床</td> <td>費用徴収病床数 86床 割合 34.7%</td> </tr> </tbody> </table> <p>200床以上の病院の初診 (病院初診) 第 66号 徴収額 初診患者数 徴収患者数 2,200 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 47号 診療の名称 徴収額 01:検査 1,760 徴収開始年月日：令和元年 9月 1日</p> <p>入院期間が180日を超える入院 (超過入院) 第 456号 入院料区分 対象者数 徴収日数 徴収料金 01:(一般入院)急性期一 2,730 徴収開始年月日：平成26年 4月 1日</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 7 | 9,900 | 01:個室 | 61 | 5,500 | 01:個室 | 16 | | 02:2人室 | 18 | 2,750 | 03:3人室 | 6 | | 04:4人室 | 140 | | 全許可病床数 | 248床 | 費用徴収病床数 86床 割合 34.7% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 9,900 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 61 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 18 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 248床 | 費用徴収病床数 86床 割合 34.7% | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 (01,3587,6) | 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Ⅲ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 822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>16,500</td></tr> <tr><td>01:個室</td><td>3</td><td>13,200</td></tr> <tr><td>01:個室</td><td>1</td><td>11,000</td></tr> <tr><td>01:個室</td><td>8</td><td>8,800</td></tr> <tr><td>01:個室</td><td>1</td><td>6,050</td></tr> <tr><td>01:個室</td><td>6</td><td>5,500</td></tr> <tr><td>01:個室</td><td>3</td><td>5,170</td></tr> <tr><td>01:個室</td><td>6</td><td>4,950</td></tr> <tr><td>01:個室</td><td>36</td><td>4,400</td></tr> <tr><td>01:個室</td><td>3</td><td></td></tr> <tr><td>02:2人室</td><td>60</td><td>1,650</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> <tr> <td>全許可病床数</td> <td>499床</td> <td>費用徴収病床数 126床 割合 25.3%</td> </tr> </tbody> </table> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 22号 徴収開始年月日：令和 6年 2月 1日 徴収額 初診患者数 徴収患者数 7,700 5,500</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 21号 徴収開始年月日：令和 6年 2月 1日 徴収額 再診患者数 徴収患者数 3,300 2,090</p> <p>入院期間が180日を超える入院 (超過入院) 第 491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 01:(一般入院)急性期一 2,783</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 16,500 | 01:個室 | 3 | 13,200 | 01:個室 | 1 | 11,000 | 01:個室 | 8 | 8,800 | 01:個室 | 1 | 6,050 | 01:個室 | 6 | 5,500 | 01:個室 | 3 | 5,170 | 01:個室 | 6 | 4,950 | 01:個室 | 36 | 4,400 | 01:個室 | 3 | | 02:2人室 | 60 | 1,650 | 02:2人室 | 14 | | 04:4人室 | 356 | | 全許可病床数 | 499床 | 費用徴収病床数 126床 割合 25.3% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 16,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 13,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 6,050 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 5,170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 4,950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 36 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 60 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 356 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 499床 | 費用徴収病床数 126床 割合 25.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---------------|----------------------------|-----|--|-----|-----|------|-------|-----|--------|--------|----|-------|--------|-----|-------|--------|------|---------------------|-------|-----|--------------|-------|--------------|-------|--------------|-------|--------------|--------|--------------|-------|--------------|-------|--------------|--------|--------------|-------|--------------|-------|----------------------|-------|--------------|-------|--------------|-------|
| 01,1824,9 | 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 | 400 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 792号 徴収開始年月日：平成26年 4月 1日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">区分</td> <td style="text-align: right;">病床数</td> <td style="text-align: right;">徴収金額</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">16</td> <td style="text-align: right;">2,200</td> </tr> <tr> <td>02:2人室</td> <td style="text-align: right;">16</td> <td></td> </tr> <tr> <td>04:4人室</td> <td style="text-align: right;">368</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: right;">400床</td> <td>費用徴収病床数 16床 割合 4.0%</td> </tr> </table> 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 43号 徴収開始年月日：平成28年10月 1日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">診療の名称</td> <td style="text-align: right;">徴収額</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">2,695</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">1,980</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">2,035</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">1,617</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">1,188</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">1,221</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">2,431</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">1,782</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">1,837</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">1,452</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">1,067</td> </tr> <tr> <td>02:リハビリテーション</td> <td style="text-align: right;">1,100</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 16 | 2,200 | 02:2人室 | 16 | | 04:4人室 | 368 | | 全許可病床数 | 400床 | 費用徴収病床数 16床 割合 4.0% | 診療の名称 | 徴収額 | 02:リハビリテーション | 2,695 | 02:リハビリテーション | 1,980 | 02:リハビリテーション | 2,035 | 02:リハビリテーション | 1,617 | 02:リハビリテーション | 1,188 | 02:リハビリテーション | 1,221 | 02:リハビリテーション | 2,431 | 02:リハビリテーション | 1,782 | 02:リハビリテーション | 1,837 | 02:リハビリテーション | 1,452 | 02:リハビリテーション | 1,067 | 02:リハビリテーション | 1,100 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 16 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 368 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 400床 | 費用徴収病床数 16床 割合 4.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,695 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,035 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,617 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,188 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,221 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,431 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,782 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,837 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,452 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,067 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1925,4 | つちや眼科クリニック | 〒920-3114 金沢市吉原町ヨ130-2 | | 時間外診察 (時間外診察) 第 5号 徴収開始年月日：平成18年 7月18日 <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">徴収額</td> <td></td> </tr> <tr> <td style="text-align: right;">850</td> <td></td> </tr> <tr> <td style="text-align: right;">650</td> <td></td> </tr> </table> | 徴収額 | | 850 | | 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">区分</td> <td style="text-align: right;">病床数</td> <td style="text-align: right;">徴収金額</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">2</td> <td style="text-align: right;">10,000</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">2</td> <td style="text-align: right;">6,000</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">8</td> <td style="text-align: right;">5,000</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">6</td> <td style="text-align: right;">4,000</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">12</td> <td style="text-align: right;">3,000</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">15</td> <td style="text-align: right;">2,000</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">3</td> <td></td> </tr> <tr> <td>02:2人室</td> <td style="text-align: right;">24</td> <td style="text-align: right;">1,000</td> </tr> <tr> <td>02:2人室</td> <td style="text-align: right;">4</td> <td></td> </tr> <tr> <td>04:4人室</td> <td style="text-align: right;">64</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: right;">140床</td> <td>費用徴収病床数 69床 割合 49.3%</td> </tr> </table> | 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% | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------------|-----------------------------|-------|--|-------|-------|------|-------|-----|----------|--------|-------|--------|----------|----|---------------------|--------|-----|---------------------|--------|---|--|--------|-----|---------------------|
| 01,1962,7 | 産科婦人科 佐川クリニック | 〒921-8065 金沢市上荒屋1丁目308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 631号 徴収開始年月日：平成18年 8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>7</td> <td>6,000</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>11,000</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>12,000</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td></td> </tr> <tr> <td></td> <td>4</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>19床</td> <td>費用徴収病床数 9床 割合 47.4%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 7 | 6,000 | 01:個室 | 1 | 11,000 | 01:個室 | 1 | 12,000 | 01:個室 | 6 | | | 4 | | 全許可病床数 | 19床 | 費用徴収病床数 9床 割合 47.4% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 6,000 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 12,000 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 19床 | 費用徴収病床数 9床 割合 47.4% | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1963,5 | 柳田眼科クリニック | 〒920-0935 金沢市石引1丁目17-5 | 7 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 702号 徴収開始年月日：平成26年 2月 3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>6,600</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>7床</td> <td>費用徴収病床数 1床 割合 14.3%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 6,600 | 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% | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | |
| 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 759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>4</td> <td>4,400</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>5,500</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>8,800</td> </tr> <tr> <td>02:2人室</td> <td>8</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>19床</td> <td>費用徴収病床数 8床 割合 42.1%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 4 | 4,400 | 01:個室 | 1 | 5,500 | 01:個室 | 3 | 8,800 | 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% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | |
| 01,1989,0 | 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 730号 徴収開始年月日：平成19年 8月10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>3,300</td> </tr> <tr> <td>03:3人室</td> <td>6</td> <td></td> </tr> <tr> <td>05:5人室以上</td> <td>10</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>19床</td> <td>費用徴収病床数 3床 割合 15.8%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 3 | 3,300 | 03:3人室 | 6 | | 05:5人室以上 | 10 | | 全許可病床数 | 19床 | 費用徴収病床数 3床 割合 15.8% | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 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 166号 徴収開始年月日：平成27年 5月 1日 <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>SJP-0132</td> <td>3:外用薬</td> <td>3:第Ⅲ相</td> <td>10</td> <td></td> </tr> </tbody> </table> | 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | SJP-0132 | 3:外用薬 | 3:第Ⅲ相 | 10 | | | | | | | | | | | | |
| 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | |
| SJP-0132 | 3:外用薬 | 3:第Ⅲ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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------------|-----------------------------|-----|---|--------------|---------------|-----|-----------------|-----------------|---------|--------------------|-----------------|---------|--------------------|-----------------|---------|--------------------|-----------------|---------|--------------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|
| 01,2075,7 | くらし眼科医院 | 〒920-0806 金沢市神宮寺1丁目12番5号 | 9 | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 52号 徴収開始年月日：令和 2年 4月13日 <table border="0"> <tr> <td>多焦点眼内レンズの販売名</td> <td>医薬品医療機器等法承認番号</td> <td>徴収額</td> </tr> <tr> <td>アルコン クラレオン Pan0</td> <td>30200BZX0029400</td> <td>270,000</td> </tr> <tr> <td>エイエムオー ジャパン(株) テクニ</td> <td>30200BZX0005500</td> <td>306,000</td> </tr> <tr> <td>エイエムオー ジャパン(株) テクニ</td> <td>30200BZX0013900</td> <td>339,000</td> </tr> <tr> <td>エイエムオー ジャパン(株) テクニ</td> <td>22900BZX0000500</td> <td>211,000</td> </tr> <tr> <td>エイエムオー ジャパン(株) テクニ</td> <td>22900BZX0036000</td> <td>223,000</td> </tr> <tr> <td>アルコン クラレオン Pan0</td> <td>30300BZX0015300</td> <td>292,000</td> </tr> <tr> <td>アルコン クラレオン Vivi</td> <td>30500BZX0004100</td> <td>270,000</td> </tr> <tr> <td>アルコン クラレオン Pan0</td> <td>30200BZX0029300</td> <td>270,000</td> </tr> <tr> <td>アルコン クラレオン Pan0</td> <td>30400BZX0025000</td> <td>292,000</td> </tr> </table> | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | アルコン クラレオン Pan0 | 30200BZX0029400 | 270,000 | エイエムオー ジャパン(株) テクニ | 30200BZX0005500 | 306,000 | エイエムオー ジャパン(株) テクニ | 30200BZX0013900 | 339,000 | エイエムオー ジャパン(株) テクニ | 22900BZX0000500 | 211,000 | エイエムオー ジャパン(株) テクニ | 22900BZX0036000 | 223,000 | アルコン クラレオン Pan0 | 30300BZX0015300 | 292,000 | アルコン クラレオン Vivi | 30500BZX0004100 | 270,000 | アルコン クラレオン Pan0 | 30200BZX0029300 | 270,000 | アルコン クラレオン Pan0 | 30400BZX0025000 | 292,000 |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クラレオン Pan0 | 30200BZX0029400 | 270,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エイエムオー ジャパン(株) テクニ | 30200BZX0005500 | 306,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エイエムオー ジャパン(株) テクニ | 30200BZX0013900 | 339,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エイエムオー ジャパン(株) テクニ | 22900BZX0000500 | 211,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エイエムオー ジャパン(株) テクニ | 22900BZX0036000 | 223,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クラレオン Pan0 | 30300BZX0015300 | 292,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クラレオン Vivi | 30500BZX0004100 | 270,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クラレオン Pan0 | 30200BZX0029300 | 270,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クラレオン Pan0 | 30400BZX0025000 | 292,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2080,7 | さいとう眼科 | 〒920-0867 金沢市長土堀2丁目7番27号 | | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 6号 徴収開始年月日：令和 2年 6月 1日 <table border="0"> <tr> <td>多焦点眼内レンズの販売名</td> <td>医薬品医療機器等法承認番号</td> <td>徴収額</td> </tr> <tr> <td>アルコンTM アクリソフTM</td> <td>23100BZX0004300</td> <td>348,000</td> </tr> <tr> <td>アルコンTM アクリソフTM</td> <td>23100BZX0004200</td> <td>308,000</td> </tr> <tr> <td>テクニス シンフォニー トーリ</td> <td>22900BZX0036000</td> <td>238,000</td> </tr> <tr> <td>テクニス マルチフォーカル</td> <td>22300BZX0027700</td> <td>198,000</td> </tr> <tr> <td>テクニス シンフォニー VB</td> <td>22900BZX0000500</td> <td>198,000</td> </tr> </table> | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | アルコンTM アクリソフTM | 23100BZX0004300 | 348,000 | アルコンTM アクリソフTM | 23100BZX0004200 | 308,000 | テクニス シンフォニー トーリ | 22900BZX0036000 | 238,000 | テクニス マルチフォーカル | 22300BZX0027700 | 198,000 | テクニス シンフォニー VB | 22900BZX0000500 | 198,000 | | | | | | | | | | | | |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコンTM アクリソフTM | 23100BZX0004300 | 348,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコンTM アクリソフTM | 23100BZX0004200 | 308,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー トーリ | 22900BZX0036000 | 238,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス マルチフォーカル | 22300BZX0027700 | 198,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー VB | 22900BZX0000500 | 198,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2091,4 | 西村眼科クリニック | 〒921-8155 金沢市高尾台3丁目12 | | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 59号 徴収開始年月日：令和 2年 6月 1日 <table border="0"> <tr> <td>多焦点眼内レンズの販売名</td> <td>医薬品医療機器等法承認番号</td> <td>徴収額</td> </tr> <tr> <td>アルコンClareon非球面P</td> <td>30200BZX0029400</td> <td>345,000</td> </tr> <tr> <td>アルコンClareon非球面P</td> <td>30300BZX0015300</td> <td>390,000</td> </tr> <tr> <td>エイエムオー テクニス シンフ</td> <td>22900BZX0000500</td> <td>175,000</td> </tr> <tr> <td>エイエムオー テクニス シンフ</td> <td>22900BZX0036000</td> <td>240,000</td> </tr> <tr> <td>エイエムオー テクニス マルチ</td> <td>22100BZX0019500</td> <td>160,000</td> </tr> <tr> <td>エイエムオー テクニス シナジ</td> <td>30200BZX0005500</td> <td>330,000</td> </tr> <tr> <td>エイエムオー テクニス シナジ</td> <td>30200BZX0013900</td> <td>385,000</td> </tr> <tr> <td>アルコン Clareon Vi</td> <td>30500BZX0004100</td> <td>352,000</td> </tr> </table> | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | アルコンClareon非球面P | 30200BZX0029400 | 345,000 | アルコンClareon非球面P | 30300BZX0015300 | 390,000 | エイエムオー テクニス シンフ | 22900BZX0000500 | 175,000 | エイエムオー テクニス シンフ | 22900BZX0036000 | 240,000 | エイエムオー テクニス マルチ | 22100BZX0019500 | 160,000 | エイエムオー テクニス シナジ | 30200BZX0005500 | 330,000 | エイエムオー テクニス シナジ | 30200BZX0013900 | 385,000 | アルコン Clareon Vi | 30500BZX0004100 | 352,000 | | | |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコンClareon非球面P | 30200BZX0029400 | 345,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコンClareon非球面P | 30300BZX0015300 | 390,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エイエムオー テクニス シンフ | 22900BZX0000500 | 175,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エイエムオー テクニス シンフ | 22900BZX0036000 | 240,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エイエムオー テクニス マルチ | 22100BZX0019500 | 160,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エイエムオー テクニス シナジ | 30200BZX0005500 | 330,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エイエムオー テクニス シナジ | 30200BZX0013900 | 385,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン Clareon Vi | 30500BZX0004100 | 352,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2112,8 | 金沢たまごクリニック | 〒920-0016 金沢市諸江町中丁327番1 | 5 | 医療上必要があると認められない、患者の都合による精子の凍結等 (精子凍結) 第 1号 徴収開始年月日：令和 6年 6月 1日 徴収額 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|------------------------|----------------------------------|-----|--|----|-----|------|-------|----|--------|-------|---|--------|--------|-----|---------------------|--------|-----|----------------------|--------|-----|---------------------|--------|----|--|--------|-----|----------------------|
| 01,2116,9 | 社会医療法人財団董仙 会 恵寿金沢病院 | 〒920-0910 金沢市下新町 6 番 2 6 号 | 89 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 721号 徴収開始年月日：平成26年 7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>16</td> <td>6,050</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>8,250</td> </tr> <tr> <td>04:4人室</td> <td>72</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>89床</td> <td>費用徴収病床数 17床 割合 19.1%</td> </tr> </table> 入院期間が180日を超える入院 (超過入院) 第 410号 徴収開始年月日：平成26年 7月 1日 入院料区分 対象者数 徴収日数 徴収料金 01: (一般入院) 急性期一 2,390 | 区分 | 病床数 | 徴収金額 | 01:個室 | 16 | 6,050 | 01:個室 | 1 | 8,250 | 04:4人室 | 72 | | 全許可病床数 | 89床 | 費用徴収病床数 17床 割合 19.1% | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 16 | 6,050 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 8,250 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 72 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 89床 | 費用徴収病床数 17床 割合 19.1% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2142,5 | 伊藤病院 | 〒920-0976 金沢市十三間町 9 8 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 683号 徴収開始年月日：平成29年 1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>12,100</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>11,000</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>8,800</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>4,950</td> </tr> <tr> <td>02:2人室</td> <td>10</td> <td>3,190</td> </tr> <tr> <td>02:2人室</td> <td>14</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>28床</td> <td>費用徴収病床数 14床 割合 50.0%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 12,100 | 01:個室 | 1 | 11,000 | 01:個室 | 1 | 8,800 | 01:個室 | 1 | 4,950 | 02:2人室 | 10 | 3,190 | 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% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 12,100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 4,950 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 10 | 3,190 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 3 0 7 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 628号 徴収開始年月日：平成29年 1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>5,000</td> </tr> <tr> <td>01:個室</td> <td>5</td> <td>3,000</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></td> </tr> <tr> <td>全許可病床数</td> <td>12床</td> <td>費用徴収病床数 6床 割合 50.0%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 5,000 | 01:個室 | 5 | 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% | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 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% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2187,0 | アンジュレディースク リニック | 〒920-0809 金沢市三池栄町 6 6 番地 | 10 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 643号 徴収開始年月日：平成31年 2月 9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>5</td> <td>3,000</td> </tr> <tr> <td>01:個室</td> <td>5</td> <td>0</td> </tr> <tr> <td>全許可病床数</td> <td>10床</td> <td>費用徴収病床数 5床 割合 50.0%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 5 | 3,000 | 01:個室 | 5 | 0 | 全許可病床数 | 10床 | 費用徴収病床数 5床 割合 50.0% | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 10床 | 費用徴収病床数 5床 割合 50.0% | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|---------------------|-----------------------------|-------|--|--------------|---------------|------|------------------|---------------------|---------|------------------|---------------------|---------|------------------|---------------------|---------|------------------|---------------------|---------|---------------|---------------------|---------------------|-----------------|---------------------|---------|-----------------|---------------------|---------|-----------------|---------------------|---------|--------|---|--|--------|---|--|--------|---|--|--------|-----|----------------------|
| 01,2201,9 | 石田病院 | 〒921-8033 金沢市寺町3丁目10番15号 | 40 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 663号 徴収開始年月日：令和元年 7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>2</td><td>6,600</td></tr> <tr><td>01:個室</td><td>2</td><td>5,500</td></tr> <tr><td>01:個室</td><td>3</td><td>4,400</td></tr> <tr><td>01:個室</td><td>7</td><td>3,300</td></tr> <tr><td>01:個室</td><td>2</td><td></td></tr> <tr><td>02:2人室</td><td>2</td><td>8,800</td></tr> <tr><td>02:2人室</td><td>2</td><td>7,700</td></tr> <tr><td>02:2人室</td><td>2</td><td>2,200</td></tr> <tr><td>02:2人室</td><td>4</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>8</td><td></td></tr> <tr> <td>全許可病床数</td> <td>40床</td> <td>費用徴収病床数 20床 割合 50.0%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 6,600 | 01:個室 | 2 | 5,500 | 01:個室 | 3 | 4,400 | 01:個室 | 7 | 3,300 | 01:個室 | 2 | | 02:2人室 | 2 | 8,800 | 02:2人室 | 2 | 7,700 | 02:2人室 | 2 | 2,200 | 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% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2209,2 | ソフィアひふ科クリニック | 〒921-8035 金沢市泉が丘2丁目14番1号 | | 医薬品の治験に係る診療 (治験診療) 第 167号 徴収開始年月日：令和 3年 7月15日 <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>MT-7117</td> <td>1:内服薬</td> <td>3:第Ⅲ相</td> <td>2</td> <td></td> </tr> <tr> <td>MT-7117</td> <td>1:内服薬</td> <td>3:第Ⅲ相</td> <td>1</td> <td></td> </tr> </tbody> </table> | 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | MT-7117 | 1:内服薬 | 3:第Ⅲ相 | 2 | | MT-7117 | 1:内服薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MT-7117 | 1:内服薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MT-7117 | 1:内服薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2221,7 | といたレディースクリニック | 〒920-0068 金沢市戸板4丁目35番 | 16 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 804号 徴収開始年月日：令和 3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>2</td><td>2,000</td></tr> <tr><td>01:個室</td><td>8</td><td></td></tr> <tr><td>02:2人室</td><td>2</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>16床</td> <td>費用徴収病床数 2床 割合 12.5%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 2,000 | 01:個室 | 8 | | 02:2人室 | 2 | | 04:4人室 | 4 | | 全許可病床数 | 16床 | 費用徴収病床数 2床 割合 12.5% | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 16床 | 費用徴収病床数 2床 割合 12.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2228,2 | しみず眼科 | 〒920-8214 金沢市直江南1丁目33番 | | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 25号 徴収開始年月日：令和 3年 7月 1日 <table border="1"> <thead> <tr> <th>多焦点眼内レンズの販売名</th> <th>医薬品医療機器等法承認番号</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>アルコン アクリソフ I Q P</td><td>23100 B Z X 0004200</td><td>284,000</td></tr> <tr><td>アルコン アクリソフ I Q P</td><td>23100 B Z X 0004300</td><td>314,000</td></tr> <tr><td>アルコン アクリソフ I Q レ</td><td>22600 B Z X 0017900</td><td>174,000</td></tr> <tr><td>アルコン アクリソフ I Q レ</td><td>22700 B Z X 0000600</td><td>207,000</td></tr> <tr><td>テクニス シンフォニーVB</td><td>22900 B Z X 0000500</td><td>174,000</td></tr> <tr><td>テクニス シンフォニートーリッ</td><td>22900 B Z X 0036000</td><td>218,000</td></tr> <tr><td>テクニスシナジーVB Simp</td><td>30200 B Z X 0005500</td><td>295,000</td></tr> <tr><td>テクニスシナジーTVB Sim</td><td>30200 B Z X 0013900</td><td>328,000</td></tr> </tbody> </table> | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | アルコン アクリソフ I Q P | 23100 B Z X 0004200 | 284,000 | アルコン アクリソフ I Q P | 23100 B Z X 0004300 | 314,000 | アルコン アクリソフ I Q レ | 22600 B Z X 0017900 | 174,000 | アルコン アクリソフ I Q レ | 22700 B Z X 0000600 | 207,000 | テクニス シンフォニーVB | 22900 B Z X 0000500 | 174,000 | テクニス シンフォニートーリッ | 22900 B Z X 0036000 | 218,000 | テクニスシナジーVB Simp | 30200 B Z X 0005500 | 295,000 | テクニスシナジーTVB Sim | 30200 B Z X 0013900 | 328,000 | | | | | | | | | | | | |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ I Q P | 23100 B Z X 0004200 | 284,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ I Q P | 23100 B Z X 0004300 | 314,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ I Q レ | 22600 B Z X 0017900 | 174,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ I Q レ | 22700 B Z X 0000600 | 207,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニーVB | 22900 B Z X 0000500 | 174,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニートーリッ | 22900 B Z X 0036000 | 218,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニスシナジーVB Simp | 30200 B Z X 0005500 | 295,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニスシナジーTVB Sim | 30200 B Z X 0013900 | 328,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|------------------|----------------------------|--------|--|--------|-----|-------|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|---|-------|--------|-----|---------|-------|----|-------|-------|---|-------|-------|---|-------|--------|---|-------|--------|---|-------|--------|---|--|--------|----|--|--------|------|---------|-----|----|-------|
| 01,2232,4 | 金沢古府記念病院 | 〒920-0362 金沢市古府1丁目150番地 | 105 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 800号 徴収開始年月日：令和 3年 8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>7</td><td>4,400</td></tr> <tr><td>01:個室</td><td>1</td><td>2,750</td></tr> <tr><td>01:個室</td><td>4</td><td>3,300</td></tr> <tr><td>01:個室</td><td>2</td><td>2,200</td></tr> <tr><td>01:個室</td><td>3</td><td>2,530</td></tr> <tr><td>01:個室</td><td>4</td><td>2,750</td></tr> <tr><td>01:個室</td><td>2</td><td>3,300</td></tr> <tr><td>01:個室</td><td>1</td><td>3,850</td></tr> <tr><td>02:2人室</td><td>4</td><td>3,080</td></tr> <tr><td>02:2人室</td><td>6</td><td>3,300</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</td> <td>34床</td> <td>割合</td> <td>32.4%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 7 | 4,400 | 01:個室 | 1 | 2,750 | 01:個室 | 4 | 3,300 | 01:個室 | 2 | 2,200 | 01:個室 | 3 | 2,530 | 01:個室 | 4 | 2,750 | 01:個室 | 2 | 3,300 | 01:個室 | 1 | 3,850 | 02:2人室 | 4 | 3,080 | 02:2人室 | 6 | 3,300 | 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% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 2,530 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | 3,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2234,0 | 南ヶ丘クリニック | 〒921-8141 金沢市馬替2丁目136番地 | | 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 65号 徴収開始年月日：令和 4年 3月 1日 <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>1,080</td></tr> <tr><td>01:検査</td><td>1,090</td></tr> <tr><td>01:検査</td><td>1,340</td></tr> <tr><td>01:検査</td><td>1,340</td></tr> </tbody> </table> | 診療の名称 | 徴収額 | 01:検査 | 1,080 | 01:検査 | 1,090 | 01:検査 | 1,340 | 01:検査 | 1,340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,090 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2239,9 | 尾張町たかたクリニック | 〒920-0910 金沢市下新町6-36 | 18 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 815号 徴収開始年月日：令和 4年 1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>2,330</td></tr> <tr><td>02:2人室</td><td>4</td><td>1,230</td></tr> <tr><td>03:3人室</td><td>3</td><td></td></tr> <tr><td>04:4人室</td><td>8</td><td></td></tr> <tr> <td>全許可病床数</td> <td>18床</td> <td>費用徴収病床数</td> <td>7床</td> <td>割合</td> <td>38.9%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 3 | 2,330 | 02:2人室 | 4 | 1,230 | 03:3人室 | 3 | | 04:4人室 | 8 | | 全許可病床数 | 18床 | 費用徴収病床数 | 7床 | 割合 | 38.9% | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 2,330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | 1,230 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 18床 | 費用徴収病床数 | 7床 | 割合 | 38.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01,2246,4 | 藤田内科リウマチ膠原病クリニック | 〒920-8215 金沢市直江西1丁目99番地 | | 予約に基づく診察 (予約診察) 第 12号 徴収開始年月日：令和 5年 9月 1日 <table border="1"> <thead> <tr> <th>診療科</th> <th>予約料</th> <th>予約料</th> <th>予約料</th> <th>予約料</th> <th>予約料</th> </tr> </thead> <tbody> <tr> <td>36:リウ</td> <td>11,000</td> <td>11,000</td> <td>11,000</td> <td>11,000</td> <td>11,000</td> </tr> </tbody> </table> | 診療科 | 予約料 | 予約料 | 予約料 | 予約料 | 予約料 | 36:リウ | 11,000 | 11,000 | 11,000 | 11,000 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療科 | 予約料 | 予約料 | 予約料 | 予約料 | 予約料 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36:リウ | 11,000 | 11,000 | 11,000 | 11,000 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|------------------------|-------------------------|-----|--|----|-----|------|-------|---|--------|-------|---|--------|-------|---|--------|-------|----|-------|-------|----|-------|-------|---|-------|-------|---|-------|-------|---|--|----------|---|-------|----------|---|--|----------|---|--|----------|-----|--|------------|----|--|--------|------|----------------------|-----|-------|-------|-------|--|--|-----|-------|-------|-------|--|--|-----|-------|-------|-------|--|--|-------|-----|-------|-------|-------|-------|-------|-------|-------|-------|
| 02,1031,9 | 社会医療法人財団董仙 会 恵寿総合病院 | 〒926-8605 七尾市富岡町 9 4 | 426 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 807号 徴収開始年月日：平成28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>33,000</td></tr> <tr><td>01:個室</td><td>3</td><td>16,500</td></tr> <tr><td>01:個室</td><td>3</td><td>11,000</td></tr> <tr><td>01:個室</td><td>41</td><td>8,800</td></tr> <tr><td>01:個室</td><td>15</td><td>7,700</td></tr> <tr><td>01:個室</td><td>5</td><td>7,150</td></tr> <tr><td>01:個室</td><td>7</td><td>5,500</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>2,200</td></tr> <tr><td>02: 2 人室</td><td>2</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>292</td><td></td></tr> <tr><td>05: 5 人室以上</td><td>42</td><td></td></tr> <tr> <td>全許可病床数</td> <td>426床</td> <td>費用徴収病床数 79床 割合 18.5%</td> </tr> </tbody> </table> <p>200床以上の病院の初診 (病院初診) 第 70号 徴収開始年月日：平成26年 4月 1日</p> <table border="1"> <thead> <tr> <th>徴収額</th> <th>初診患者数</th> <th>徴収患者数</th> </tr> </thead> <tbody> <tr> <td>2,200</td> <td></td> <td></td> </tr> </tbody> </table> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 10号 徴収開始年月日：令和 2年 4月 1日</p> <table border="1"> <thead> <tr> <th>徴収額</th> <th>初診患者数</th> <th>徴収患者数</th> </tr> </thead> <tbody> <tr> <td>7,700</td> <td></td> <td></td> </tr> </tbody> </table> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 10号 徴収開始年月日：令和 2年 4月 1日</p> <table border="1"> <thead> <tr> <th>徴収額</th> <th>再診患者数</th> <th>徴収患者数</th> </tr> </thead> <tbody> <tr> <td>3,300</td> <td></td> <td></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 42号 徴収開始年月日：平成31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>1,375</td></tr> <tr><td>01:検査</td><td>1,375</td></tr> <tr><td>01:検査</td><td>1,650</td></tr> <tr><td>01:検査</td><td>1,650</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 33,000 | 01:個室 | 3 | 16,500 | 01:個室 | 3 | 11,000 | 01:個室 | 41 | 8,800 | 01:個室 | 15 | 7,700 | 01:個室 | 5 | 7,150 | 01:個室 | 7 | 5,500 | 01:個室 | 5 | | 02: 2 人室 | 4 | 2,200 | 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 79床 割合 18.5% | 徴収額 | 初診患者数 | 徴収患者数 | 2,200 | | | 徴収額 | 初診患者数 | 徴収患者数 | 7,700 | | | 徴収額 | 再診患者数 | 徴収患者数 | 3,300 | | | 診療の名称 | 徴収額 | 01:検査 | 1,375 | 01:検査 | 1,375 | 01:検査 | 1,650 | 01:検査 | 1,650 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 16,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 41 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 15 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 7,150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 4 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 79床 割合 18.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 徴収額 | 初診患者数 | 徴収患者数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 徴収額 | 初診患者数 | 徴収患者数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 徴収額 | 再診患者数 | 徴収患者数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 |
|-----------|------------|--------------------------------|-----|---|
| | | | | 入院期間が180日を超える入院 (超過入院) 第 465号 入院料区分 01: (一般入院) 急性期一 徴収開始年月日: 平成18年12月 1日 対象者数 徴収日数 徴収料金 2,475 |
| 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 | 24 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 735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 02: 2 人室 8 03: 3 人室 3 04: 4 人室 8 全許可病床数 24床 費用徴収病床数 5床 割合 20.8% 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 七尾市大和町子部 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 710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 4,400 01: 個室 1 3,300 01: 個室 1 2,200 02: 2 人室 4 1,100 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 |
|--------------------------|------------|--------------------------------|-----|--|
| 02,1104,4 | 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 757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 4,400 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 666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 11,000 01:個室 29 6,600 01:個室 22 4,400 01:個室 36 02: 2 人室 20 2,200 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 60号 徴収額 初診患者数 徴収患者数 2,200 入院期間が180日を超える入院 (超過入院) 第 475号 入院料区分 対象者数 徴収日数 徴収料金 01: (一般入院) 急性期一 2,720 |
| 02,1131,7 | 中村ペインクリニック | 〒926-0046 七尾市神明町口部 1 0 番地 1 | | 予約に基づく診察 (予約診察) 第 10号 徴収開始年月日：令和 2年 6月16日 診療科 予約料 予約料 予約料 予約料 予約料 01:内 550 550 550 550 550 59:他 550 550 550 550 550 |
| 02,1137,4 | 辻口医院 | 〒929-2241 七尾市中島町浜田壺 2 7 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 760号 徴収開始年月日：令和 2年 9月 1日 区分 病床数 徴収金額 01:個室 6 1,500 01:個室 3 2,000 01:個室 10 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|----------------------------------|-----------------------------|-------|--|----|-----|------|-------|----|-------|-------|---|-------|-------|---|--|--------|---|--|--------|-----|--|--------|------|----------------------|-------|-----|--------------|-------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|-------|-------|-------|-------|-------|------|------|------|----------------|--|--|-------|----------------|--|--|-------|
| 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 | 208 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 823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>5,500</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>7,700</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></td> </tr> <tr> <td>04:4人室</td> <td>180</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>208床</td> <td>費用徴収病床数 22床 割合 10.6%</td> </tr> </tbody> </table> <p>時間外診察 (時間外診察) 第 24号 徴収額 715 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 62号 徴収額 初診患者数 徴収患者数 1,650 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 63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>02:リハビリテーション</td> <td>2,695</td> </tr> <tr> <td>02:リハビリテーション</td> <td>2,035</td> </tr> <tr> <td>02:リハビリテーション</td> <td>1,925</td> </tr> <tr> <td>02:リハビリテーション</td> <td>2,255</td> </tr> <tr> <td>02:リハビリテーション</td> <td>1,980</td> </tr> <tr> <td>01:検査</td> <td>1,078</td> </tr> <tr> <td>01:検査</td> <td>1,089</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 489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>01:(一般入院) 急性期一</td> <td></td> <td></td> <td>2,785</td> </tr> <tr> <td>11:(一般入院) 特別入院</td> <td></td> <td></td> <td>1,009</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 19 | 5,500 | 01:個室 | 3 | 7,700 | 01:個室 | 4 | | 02:2人室 | 2 | | 04:4人室 | 180 | | 全許可病床数 | 208床 | 費用徴収病床数 22床 割合 10.6% | 診療の名称 | 徴収額 | 02:リハビリテーション | 2,695 | 02:リハビリテーション | 2,035 | 02:リハビリテーション | 1,925 | 02:リハビリテーション | 2,255 | 02:リハビリテーション | 1,980 | 01:検査 | 1,078 | 01:検査 | 1,089 | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 01:(一般入院) 急性期一 | | | 2,785 | 11:(一般入院) 特別入院 | | | 1,009 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 19 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 208床 | 費用徴収病床数 22床 割合 10.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,695 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,035 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,925 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,255 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,078 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,089 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:(一般入院) 急性期一 | | | 2,785 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11:(一般入院) 特別入院 | | | 1,009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | |
|-----------|----------|------------------------------|-----|--|----|-----|------|-------|---|-------|-------|---|-------|--------|---|--|--------|----|--|--------|-----|---------------------|
| 03,1130,7 | 田谷泌尿器科医院 | 〒923-0801 小松市園町ニ 2 9 番地 1 | 18 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 758号 徴収開始年月日：平成11年 8月 1日 <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">区分</td> <td style="width: 15%;">病床数</td> <td style="width: 25%;">徴収金額</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">3</td> <td style="text-align: right;">5,500</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">1</td> <td style="text-align: right;">7,700</td> </tr> <tr> <td>02:2人室</td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>04:4人室</td> <td style="text-align: right;">12</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: right;">18床</td> <td>費用徴収病床数 4床 割合 22.2%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 3 | 5,500 | 01:個室 | 1 | 7,700 | 02:2人室 | 2 | | 04:4人室 | 12 | | 全許可病床数 | 18床 | 費用徴収病床数 4床 割合 22.2% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 5,500 | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 7,700 | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 12 | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 18床 | 費用徴収病床数 4床 割合 22.2% | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-------------------|------------------------------|-------|--|-------|-------|----|-------|-----|------------|-------|-------|---|--|-----------|-------|-------|---|--|---------|-------|-------|---|--|------------|-------|-------|---|--|---------|-------|-------|---|--|----------|-------|-------|---|--|--------|-------|-------|---|--|------------|-------|-------|---|--|------------|-------|-------|----|--|---------|-------|-------|---|--|--------|-------|-------|---|--|---------|-------|-------|---|--|---------|-------|-------|---|--|---------|-------|-------|---|--|-------|-------|-------|---|--|---------|-------|-------|---|--|----------|-----|---------|-------|-----------------|-------|-----|---|-----------------|-------|-----|---|----|-----|------|-------|----|-------|-------|----|-------|-------|----|-------|-------|---|--------|-------|----|--|--------|----|--|--------|----|--|--|-----|--|-----|-------|-------|-------|--|--|-------|--|--|
| 03,1136,4 (03,3071,7) | 国民健康保険 小松市 民病院 | 〒923-8560 小松市向本折町ホ 6 0 番地 | 340 | <p>医薬品の治験に係る診療 (治験診療) 第 159号 徴収開始年月日：平成29年 7月21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>Alirocumab</td><td>2:注射薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>GSK284435</td><td>1:内服薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>KHK7580</td><td>1:内服薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>Alirocumab</td><td>2:注射薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>ASP1517</td><td>1:内服薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>ONO-7643</td><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>エボロクマブ</td><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>BAY94-8862</td><td>1:内服薬</td><td>3:第Ⅲ相</td><td>8</td><td></td></tr> <tr><td>BAY94-8862</td><td>1:内服薬</td><td>3:第Ⅲ相</td><td>12</td><td></td></tr> <tr><td>MLN0002</td><td>2:注射薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>エボロクマブ</td><td>2:注射薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>ASP015K</td><td>1:内服薬</td><td>2:第Ⅱ相</td><td>2</td><td></td></tr> <tr><td>SK-1401</td><td>2:注射薬</td><td>3:第Ⅲ相</td><td>5</td><td></td></tr> <tr><td>JTZ-951</td><td>1:内服薬</td><td>3:第Ⅲ相</td><td>5</td><td></td></tr> <tr><td>エダラボン</td><td>2:注射薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>MK-7264</td><td>1:内服薬</td><td>2:第Ⅱ相</td><td>2</td><td></td></tr> </tbody> </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</p> <table border="1"> <thead> <tr> <th>医療機器の販売名</th> <th>徴収額</th> <th>医療機器管理室</th> <th>技師の人数</th> </tr> </thead> <tbody> <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> </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 817号 徴収開始年月日：平成28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>26</td><td>2,750</td></tr> <tr><td>01:個室</td><td>14</td><td>3,850</td></tr> <tr><td>01:個室</td><td>47</td><td>5,060</td></tr> <tr><td>01:個室</td><td>1</td><td>13,200</td></tr> <tr><td>01:個室</td><td>33</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>21</td><td></td></tr> <tr><td></td><td>184</td><td></td></tr> </tbody> </table> <p>全許可病床数 340床 費用徴収病床数 88床 割合 25.9%</p> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 9号 徴収開始年月日：令和 2年 7月 1日</p> <table border="1"> <thead> <tr> <th>徴収額</th> <th>初診患者数</th> <th>徴収患者数</th> </tr> </thead> <tbody> <tr> <td>7,700</td> <td></td> <td></td> </tr> <tr> <td>5,500</td> <td></td> <td></td> </tr> </tbody> </table> | 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | Alirocumab | 2:注射薬 | 3:第Ⅲ相 | 6 | | GSK284435 | 1:内服薬 | 3:第Ⅲ相 | 2 | | KHK7580 | 1:内服薬 | 3:第Ⅲ相 | 2 | | Alirocumab | 2:注射薬 | 3:第Ⅲ相 | 4 | | ASP1517 | 1:内服薬 | 3:第Ⅲ相 | 6 | | ONO-7643 | 1:内服薬 | 3:第Ⅲ相 | 3 | | エボロクマブ | 2:注射薬 | 3:第Ⅲ相 | 1 | | BAY94-8862 | 1:内服薬 | 3:第Ⅲ相 | 8 | | BAY94-8862 | 1:内服薬 | 3:第Ⅲ相 | 12 | | MLN0002 | 2:注射薬 | 3:第Ⅲ相 | 4 | | エボロクマブ | 2:注射薬 | 2:第Ⅱ相 | 6 | | ASP015K | 1:内服薬 | 2:第Ⅱ相 | 2 | | SK-1401 | 2:注射薬 | 3:第Ⅲ相 | 5 | | JTZ-951 | 1:内服薬 | 3:第Ⅲ相 | 5 | | エダラボン | 2:注射薬 | 2:第Ⅱ相 | 6 | | MK-7264 | 1:内服薬 | 2:第Ⅱ相 | 2 | | 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 | 26 | 2,750 | 01:個室 | 14 | 3,850 | 01:個室 | 47 | 5,060 | 01:個室 | 1 | 13,200 | 01:個室 | 33 | | 02:2人室 | 14 | | 03:3人室 | 21 | | | 184 | | 徴収額 | 初診患者数 | 徴収患者数 | 7,700 | | | 5,500 | | |
| 治験薬名称 | 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alirocumab | 2:注射薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GSK284435 | 1:内服薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KHK7580 | 1:内服薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alirocumab | 2:注射薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASP1517 | 1:内服薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ONO-7643 | 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エボロクマブ | 2:注射薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAY94-8862 | 1:内服薬 | 3:第Ⅲ相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAY94-8862 | 1:内服薬 | 3:第Ⅲ相 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MLN0002 | 2:注射薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エボロクマブ | 2:注射薬 | 2:第Ⅱ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASP015K | 1:内服薬 | 2:第Ⅱ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SK-1401 | 2:注射薬 | 3:第Ⅲ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JTZ-951 | 1:内服薬 | 3:第Ⅲ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| エダラボン | 2:注射薬 | 2:第Ⅱ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MK-7264 | 1:内服薬 | 2:第Ⅱ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 26 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 47 | 5,060 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 13,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 184 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 徴収額 | 初診患者数 | 徴収患者数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 |
|-----------|---------------|-----------------------------|-----|--|
| | | | | 特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 9号 徴収開始年月日：令和 2年 7月 1日 徴収額 再診患者数 徴収患者数 3,300 2,090 入院期間が180日を超える入院 (超過入院) 第 453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 01：(一般入院) 急性期一 2,720 |
| 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 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 755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 5,500 01:個室 20 2,200 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% 入院期間が180日を超える入院 (超過入院) 第 480号 徴収開始年月日：平成28年 3月 1日 入院料区分 対象者数 徴収日数 徴収料金 10：(一般入院) 地域一般 1,628 |
| | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|----------|------------------------------|-----|--|---------------|-----|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|-----------------|---------|-------|----------------------|---|--|-------|-------|---|--|-------|-------|---|--|----|-----|------|-------|---|-------|-------|---|--|--------|---|-------|--------|----|--|--------|---|--|--------|----|--|----------|----|--|--------|-----|----------------------|
| 03,1156,2 | 森田病院 | 〒923-0801 小松市園町ホ 9 9 番地 1 | 99 | <p>医薬品の治験に係る診療 (治験診療) 第 138号 治験薬名称 ASP015K(RAJ2) ASP015K(RAJ4) E6011(201) LBAL Tanezumab63 Tanezumab59</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 829号</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Ⅲ相</td> <td>3</td> <td></td> </tr> <tr> <td>1:内服薬</td> <td>3:第Ⅲ相</td> <td>3</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>2:第Ⅱ相</td> <td>2</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>3:第Ⅲ相</td> <td>3</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>3:第Ⅲ相</td> <td>6</td> <td></td> </tr> <tr> <td>2:注射薬</td> <td>3:第Ⅲ相</td> <td>3</td> <td></td> </tr> </tbody> </table> <p>徴収開始年月日：平成28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>6</td> <td>5,500</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>2,200</td> </tr> <tr> <td>02:2人室</td> <td>40</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>9</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>12</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 10床 割合 10.1%</td> </tr> </tbody> </table> | 内・注・外 | 区分 | 対象患者数 | 徴収額 | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 2:第Ⅱ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 区分 | 病床数 | 徴収金額 | 01:個室 | 6 | 5,500 | 01:個室 | 4 | | 02:2人室 | 4 | 2,200 | 02:2人室 | 40 | | 03:3人室 | 9 | | 04:4人室 | 24 | | 05:5人室以上 | 12 | | 全許可病床数 | 99床 | 費用徴収病床数 10床 割合 10.1% |
| 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第Ⅱ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 99床 | 費用徴収病床数 10床 割合 10.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1167,9 | おかやま眼科医院 | 〒923-0861 小松市沖町ソ 1 0 8 | 6 | <p>白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 61号 多焦点眼内レンズの販売名 テクニス シンフォニー VB テクニス シンフォニー トーリック テクニス シナジー オプティブルー テクニス シナジー トーリックⅡ アルコン クラレオン Pan0 アルコン クラレオン Pan0 アルコン クラレオン Vivi</p> <p>徴収開始年月日：令和 2年 6月 16日</p> <table border="1"> <thead> <tr> <th>医薬品医療機器等法承認番号</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>22900BZX0000500</td> <td>118,000</td> </tr> <tr> <td>22900BZX0036000</td> <td>145,000</td> </tr> <tr> <td>30200BZX0005500</td> <td>233,000</td> </tr> <tr> <td>30200BZX0013900</td> <td>255,000</td> </tr> <tr> <td>30200BZX0029400</td> <td>250,000</td> </tr> <tr> <td>30300BZX0015300</td> <td>272,000</td> </tr> <tr> <td>30500BZX0004100</td> <td>250,000</td> </tr> </tbody> </table> | 医薬品医療機器等法承認番号 | 徴収額 | 22900BZX0000500 | 118,000 | 22900BZX0036000 | 145,000 | 30200BZX0005500 | 233,000 | 30200BZX0013900 | 255,000 | 30200BZX0029400 | 250,000 | 30300BZX0015300 | 272,000 | 30500BZX0004100 | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22900BZX0000500 | 118,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22900BZX0036000 | 145,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30200BZX0005500 | 233,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30200BZX0013900 | 255,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30200BZX0029400 | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30300BZX0015300 | 272,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30500BZX0004100 | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1178,6 | 岡本病院 | 〒923-0904 小松市小馬出町 1 3 番地 | 38 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 832号</p> <p>徴収開始年月日：平成28年 9月 30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>5,500</td> </tr> <tr> <td>01:個室</td> <td>9</td> <td>3,300</td> </tr> <tr> <td>02:2人室</td> <td>4</td> <td>2,200</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>38床</td> <td>費用徴収病床数 14床 割合 36.8%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 5,500 | 01:個室 | 9 | 3,300 | 02:2人室 | 4 | 2,200 | 04:4人室 | 24 | | 全許可病床数 | 38床 | 費用徴収病床数 14床 割合 36.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 9 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 38床 | 費用徴収病床数 14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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--------------------------|---------------------------|-----|---|----|-----|------|-------|----|-----|-------|----|-----|-------|---|-----|-------|---|-----|-------|----|-----|-------|---|-------|-------|----|--|--------|---|--|--------|----|--|--------|----|-----|--------|----|--|--------|------|-----------------------|
| 03,1197,6 | 眼科わじま医院 | 〒923-0867 小松市幸町3丁目67番地 | 10 | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 62号 徴収開始年月日：令和 2年 6月18日 多焦点眼内レンズの販売名 医薬品医療機器等法承認番号 徴収額 アルコン クラレオン Vivi 30500BZX0004100 301,000 テクニスシナジー VB Sim 30200BZX0005500 246,000 テクニスシナジー TVB Si 30200BZX0013900 290,000 アルコン クラレオン Pan0 30200BZX0029400 301,000 アルコン クラレオン Pan0 30300BZX0015300 334,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1198,4 | 医療法人社団 澄鈴会 粟津神経サナトリウム | 〒923-0342 小松市矢田野町ヲ88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 830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>35</td><td>440</td></tr> <tr><td>01:個室</td><td>17</td><td>550</td></tr> <tr><td>01:個室</td><td>2</td><td>660</td></tr> <tr><td>01:個室</td><td>1</td><td>770</td></tr> <tr><td>01:個室</td><td>40</td><td>880</td></tr> <tr><td>01:個室</td><td>3</td><td>3,300</td></tr> <tr><td>01:個室</td><td>20</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>20</td><td>110</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>263床</td> <td>費用徴収病床数 118床 割合 44.9%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 35 | 440 | 01:個室 | 17 | 550 | 01:個室 | 2 | 660 | 01:個室 | 1 | 770 | 01:個室 | 40 | 880 | 01:個室 | 3 | 3,300 | 01:個室 | 20 | | 02:2人室 | 6 | | 03:3人室 | 51 | | 04:4人室 | 20 | 110 | 04:4人室 | 68 | | 全許可病床数 | 263床 | 費用徴収病床数 118床 割合 44.9% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 35 | 440 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 17 | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 660 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 770 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 40 | 880 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 20 | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 263床 | 費用徴収病床数 118床 割合 44.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1213,1 | 永遠幸レディースクリニック | 〒923-0002 小松市小島町ル50番1 | 5 | 医療上必要があると認められない、患者の都合による精子の凍結等 (精子凍結) 第 2号 徴収開始年月日：令和 6年 6月 1日 徴収額 33,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|-------------------|---------------------------------|-----|--|----|-----|------|-------|---|--------|-------|---|-------|--------|---|-------|--------|----|-------|--------|-----|--------------------|--------|---|-------|--------|---|--|--------|----|--|--------|-----|----------------------|
| 03,1223,0 | 小松ソフィア病院 | 〒923-0861 小松市沖町4 7 8 番地 | 48 | <p>医薬品の治験に係る診療 (治験診療) 第 137号 治験薬名称 AZD0585 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Ⅲ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 662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>11,000</td></tr> <tr><td>01:個室</td><td>1</td><td>8,800</td></tr> <tr><td>01:個室</td><td>7</td><td>5,500</td></tr> <tr><td>01:個室</td><td>6</td><td>4,400</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>1,650</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>費用徴収病床数 17床 割合 35.4%</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 53号 診療の名称 02:リハビリテーション 徴収開始年月日：令和 2年 4月 1日 徴収額 1,850</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 11,000 | 01:個室 | 1 | 8,800 | 01:個室 | 7 | 5,500 | 01:個室 | 6 | 4,400 | 01:個室 | 4 | | 02:2人室 | 2 | 1,650 | 03:3人室 | 3 | | 04:4人室 | 24 | | 全許可病床数 | 48床 | 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 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 48床 | 費用徴収病床数 17床 割合 35.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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1 2 1 番地 | 33 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 754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>1</td><td>6,600</td></tr> <tr><td>01:個室</td><td>2</td><td>5,500</td></tr> <tr><td>02:2人室</td><td>2</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>33床</td><td>費用徴収病床数 3床 割合 9.1%</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 6,600 | 01:個室 | 2 | 5,500 | 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% | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|-----------------|---------------------------------|-----|--|--------------|---------------|------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------------------|------------------|-----------------|---------|------------------|-----------------|---------|-------------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|
| 03,1234,7 | よした眼科クリニック | 〒923-0302 小松市符津町ム9 1 番地 | | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 58号 徴収開始年月日：令和 2年 7月10日 <table border="1" data-bbox="1164 303 2150 734"> <thead> <tr> <th>多焦点眼内レンズの販売名</th> <th>医薬品医療機器等法承認番号</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>アルコン アクリソフ IQ P</td><td>23100BZX0004200</td><td>210,000</td></tr> <tr><td>アルコン アクリソフ IQ P</td><td>23100BZX0004300</td><td>240,000</td></tr> <tr><td>アルコン アクリソフ IQ レ</td><td>22000BZX0097000</td><td>160,000</td></tr> <tr><td>アルコン アクリソフ IQ レ</td><td>22600BZX0000700</td><td>170,000</td></tr> <tr><td>アルコン アクリソフ IQ レ</td><td>22600BZX0017900</td><td>160,000</td></tr> <tr><td>アルコン アクリソフ IQ レ</td><td>22700BZX0000600</td><td>170,000</td></tr> <tr><td>テクニス シンフォニー</td><td>22900BZX0000500</td><td>170,000</td></tr> <tr><td>テクニス シンフォニー トーリ</td><td>22900BZX0036000</td><td>180,000</td></tr> <tr><td>テクニス マルチ フォーカル</td><td>22100BZX0019500</td><td>170,000</td></tr> <tr><td>テクニス マルチ フォーカル</td><td>22300BZX0027700</td><td>170,000</td></tr> <tr><td>テクニスシナジー VB Sim</td><td>30200BZX0005500</td><td>210,000</td></tr> <tr><td>テクニスシナジー TVB Si</td><td>30200BZX0013900</td><td>230,000</td></tr> <tr><td>Clareon Vivity</td><td>30500BZX0004100</td><td>220,000</td></tr> <tr><td>Clareon 非球面 Pan</td><td>30300BZX0015300</td><td>250,000</td></tr> <tr><td>Clareon 非球面 Pan</td><td>30200BZX0029400</td><td>220,000</td></tr> </tbody> </table> | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | アルコン アクリソフ IQ P | 23100BZX0004200 | 210,000 | アルコン アクリソフ IQ P | 23100BZX0004300 | 240,000 | アルコン アクリソフ IQ レ | 22000BZX0097000 | 160,000 | アルコン アクリソフ IQ レ | 22600BZX0000700 | 170,000 | アルコン アクリソフ IQ レ | 22600BZX0017900 | 160,000 | アルコン アクリソフ IQ レ | 22700BZX0000600 | 170,000 | テクニス シンフォニー | 22900BZX0000500 | 170,000 | テクニス シンフォニー トーリ | 22900BZX0036000 | 180,000 | テクニス マルチ フォーカル | 22100BZX0019500 | 170,000 | テクニス マルチ フォーカル | 22300BZX0027700 | 170,000 | テクニスシナジー VB Sim | 30200BZX0005500 | 210,000 | テクニスシナジー TVB Si | 30200BZX0013900 | 230,000 | Clareon Vivity | 30500BZX0004100 | 220,000 | Clareon 非球面 Pan | 30300BZX0015300 | 250,000 | Clareon 非球面 Pan | 30200BZX0029400 | 220,000 |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ IQ P | 23100BZX0004200 | 210,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ IQ P | 23100BZX0004300 | 240,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ IQ レ | 22000BZX0097000 | 160,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ IQ レ | 22600BZX0000700 | 170,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ IQ レ | 22600BZX0017900 | 160,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ IQ レ | 22700BZX0000600 | 170,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー | 22900BZX0000500 | 170,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー トーリ | 22900BZX0036000 | 180,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス マルチ フォーカル | 22100BZX0019500 | 170,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス マルチ フォーカル | 22300BZX0027700 | 170,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニスシナジー VB Sim | 30200BZX0005500 | 210,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニスシナジー TVB Si | 30200BZX0013900 | 230,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon Vivity | 30500BZX0004100 | 220,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon 非球面 Pan | 30300BZX0015300 | 250,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon 非球面 Pan | 30200BZX0029400 | 220,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1236,2 | 恵愛みらいクリニック | 〒923-0804 小松市光町 1 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 725号 徴収開始年月日：令和元年12月 1日 <table border="1" data-bbox="1164 829 2150 941"> <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>9</td><td>5,000</td></tr> <tr><td>01:個室</td><td>10</td><td></td></tr> <tr><td>全許可病床数</td><td>19床</td><td>費用徴収病床数 9床 割合 47.4%</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 9 | 5,000 | 01:個室 | 10 | | 全許可病床数 | 19床 | 費用徴収病床数 9床 割合 47.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 9 | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 19床 | 費用徴収病床数 9床 割合 47.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03,1238,8 | 正木アイクリニック | 〒923-0921 小松市土居原町 5 2 9 番地 1 | | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 53号 徴収開始年月日：令和 3年 1月15日 <table border="1" data-bbox="1164 1037 2150 1388"> <thead> <tr> <th>多焦点眼内レンズの販売名</th> <th>医薬品医療機器等法承認番号</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>アルコン アクリソフ IQ P</td><td>23100BZX0004200</td><td>275,000</td></tr> <tr><td>アルコン アクリソフ IQ P</td><td>23100BZX0004300</td><td>325,000</td></tr> <tr><td>テクニス シンフォニー VB</td><td>22900BZX0000500</td><td>176,000</td></tr> <tr><td>テクニス シンフォニー トーリッ</td><td>22900BZX0036000</td><td>215,000</td></tr> <tr><td>テクニスシナジー オプティブルー</td><td>30200BZX0005500</td><td>253,000</td></tr> <tr><td>テクニスシナジー トーリック II</td><td>30200BZX0013900</td><td>303,000</td></tr> <tr><td>Clareon非球面Pan0p</td><td>30200BZX0029400</td><td>285,000</td></tr> <tr><td>Clareon非球面Pan0p</td><td>30300BZX0015300</td><td>335,000</td></tr> <tr><td>ファインビジョン HP</td><td>30400BZX0019700</td><td>253,000</td></tr> <tr><td>Clareon VivityT</td><td>30500BZX0004100</td><td>265,000</td></tr> <tr><td>ClareonTM Pan0p</td><td>30200BZX0029300</td><td>285,000</td></tr> <tr><td>ClareonTM Pan0p</td><td>30400BZX0025000</td><td>335,000</td></tr> </tbody> </table> | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | アルコン アクリソフ IQ P | 23100BZX0004200 | 275,000 | アルコン アクリソフ IQ P | 23100BZX0004300 | 325,000 | テクニス シンフォニー VB | 22900BZX0000500 | 176,000 | テクニス シンフォニー トーリッ | 22900BZX0036000 | 215,000 | テクニスシナジー オプティブルー | 30200BZX0005500 | 253,000 | テクニスシナジー トーリック II | 30200BZX0013900 | 303,000 | Clareon非球面Pan0p | 30200BZX0029400 | 285,000 | Clareon非球面Pan0p | 30300BZX0015300 | 335,000 | ファインビジョン HP | 30400BZX0019700 | 253,000 | Clareon VivityT | 30500BZX0004100 | 265,000 | ClareonTM Pan0p | 30200BZX0029300 | 285,000 | ClareonTM Pan0p | 30400BZX0025000 | 335,000 | | | | | | | | | |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ IQ P | 23100BZX0004200 | 275,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン アクリソフ IQ P | 23100BZX0004300 | 325,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー VB | 22900BZX0000500 | 176,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー トーリッ | 22900BZX0036000 | 215,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニスシナジー オプティブルー | 30200BZX0005500 | 253,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニスシナジー トーリック II | 30200BZX0013900 | 303,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon非球面Pan0p | 30200BZX0029400 | 285,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon非球面Pan0p | 30300BZX0015300 | 335,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ファインビジョン HP | 30400BZX0019700 | 253,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon VivityT | 30500BZX0004100 | 265,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ClareonTM Pan0p | 30200BZX0029300 | 285,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ClareonTM Pan0p | 30400BZX0025000 | 335,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|----------|-------------------------------|-----|---|----|-----|------|-------|---|--------|-------|----|-------|-------|----|-------|-------|---|--------|-------|----|-------|----------|-----|---------------------|----------|-----|--|----------|------|----------------------|--------|------|----------------------|
| 03,1241,2 | あらきクリニック | 〒923-0832 小松市若杉町 9 5 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 783号 徴収開始年月日：令和 3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>2</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>3</td> <td>4,000</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>10,000</td> </tr> <tr> <td>01:個室</td> <td>10</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>19床</td> <td>費用徴収病床数 9床 割合 47.4%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 3,000 | 01:個室 | 2 | 3,500 | 01:個室 | 3 | 4,000 | 01:個室 | 2 | 10,000 | 01:個室 | 10 | | 全許可病床数 | 19床 | 費用徴収病床数 9床 割合 47.4% | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 19床 | 費用徴収病床数 9床 割合 47.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04,1051,3 | 市立輪島病院 | 〒928-0024 輪島市山岸町は 1 番 1 地 | 175 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 819号 徴収開始年月日：平成28年12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>11,000</td> </tr> <tr> <td>01:個室</td> <td>10</td> <td>4,950</td> </tr> <tr> <td>01:個室</td> <td>24</td> <td>3,850</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>2,750</td> </tr> <tr> <td>01:個室</td> <td>8</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>124</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>175床</td> <td>費用徴収病床数 39床 割合 22.3%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 11,000 | 01:個室 | 10 | 4,950 | 01:個室 | 24 | 3,850 | 01:個室 | 4 | 2,750 | 01:個室 | 8 | | 02: 2 人室 | 4 | | 04: 4 人室 | 124 | | 全許可病床数 | 175床 | 費用徴収病床数 39床 割合 22.3% | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | 4,950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 24 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: 4 人室 | 124 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 175床 | 費用徴収病床数 39床 割合 22.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05,1036,1 | 珠洲市総合病院 | 〒927-1213 珠洲市野々江町コ部 1 番地 1 | 163 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 675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>6</td> <td>2,200</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>3,300</td> </tr> <tr> <td>01:個室</td> <td>13</td> <td>4,400</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>5,500</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>6,600</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td></td> </tr> <tr> <td>02: 2 人室</td> <td>10</td> <td></td> </tr> <tr> <td>04: 4 人室</td> <td>120</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>163床</td> <td>費用徴収病床数 30床 割合 18.4%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 6 | 2,200 | 01:個室 | 4 | 3,300 | 01:個室 | 13 | 4,400 | 01:個室 | 4 | 5,500 | 01:個室 | 3 | 6,600 | 01:個室 | 3 | | 02: 2 人室 | 10 | | 04: 4 人室 | 120 | | 全許可病床数 | 163床 | 費用徴収病床数 30床 割合 18.4% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 13 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: 4 人室 | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 163床 | 費用徴収病床数 30床 割合 18.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|--------|-----------------------------|-------|--|----|-----|------|-------|----|-------|--------|---|-------|----------|----|-------|--------|-----|-------|---------|----|----------|--------|----|--|--------|----|--|----------|-----|--|---------|------|----------|---------|-----|----------|-------|------|------|------|-----------------|--|--|-------|
| 06,1053,4 | 久藤総合病院 | 〒922-0024 加賀市大聖寺永町イ17番地 | 199 | <p>薬価基準の記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 販売名 ストロメクトール錠 3mg 徴収開始年月日：平成18年 2月21日 徴収額 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 734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>1,650</td></tr> <tr><td>01:個室</td><td>5</td><td>2,750</td></tr> <tr><td>01:個室</td><td>3</td><td>5,500</td></tr> <tr><td>01:個室</td><td>3</td><td></td></tr> <tr><td>02:2人室</td><td>24</td><td></td></tr> <tr><td>03:3人室</td><td>30</td><td></td></tr> <tr><td>04:4人室</td><td>76</td><td></td></tr> <tr><td>05:5人室以上</td><td>15</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>18床</td><td>割合 10.8%</td></tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 469号 徴収開始年月日：平成16年 6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>08: (一般入院) 地域一般</td> <td></td> <td></td> <td>1,739</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 10 | 1,650 | 01:個室 | 5 | 2,750 | 01:個室 | 3 | 5,500 | 01:個室 | 3 | | 02:2人室 | 24 | | 03:3人室 | 30 | | 04:4人室 | 76 | | 05:5人室以上 | 15 | | 全許可病床数 | 166床 | | 費用徴収病床数 | 18床 | 割合 10.8% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 08: (一般入院) 地域一般 | | | 1,739 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 76 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 166床 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 費用徴収病床数 | 18床 | 割合 10.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08: (一般入院) 地域一般 | | | 1,739 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06,1078,1 | 板谷医院 | 〒922-0242 加賀市山代温泉35の11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 834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>3,630</td></tr> <tr><td>01:個室</td><td>2</td><td>2,750</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>1,650</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> <tr><td>費用徴収病床数</td><td>9床</td><td>割合 47.4%</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 3,630 | 01:個室 | 2 | 2,750 | 01:個室 | 1 | | 02:2人室 | 6 | 1,650 | 02:2人室 | 2 | | 03:3人室 | 3 | | 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% | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,630 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06,1139,1 | 波谷医院 | 〒922-0436 加賀市松が丘1丁目7番地31 | 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 769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>2,200</td></tr> <tr><td>02:2人室</td><td>8</td><td>1,100</td></tr> <tr><td>05:5人室以上</td><td>10</td><td></td></tr> <tr><td>全許可病床数</td><td>19床</td><td></td></tr> <tr><td>費用徴収病床数</td><td>9床</td><td>割合 47.4%</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 2,200 | 02:2人室 | 8 | 1,100 | 05:5人室以上 | 10 | | 全許可病床数 | 19床 | | 費用徴収病床数 | 9床 | 割合 47.4% | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|-----------|----------------------------|-----|---|----|-----|------|-------|----|-----|-------|---|-----|-------|---|-------|-------|---|-------|-------|----|--|--------|---|--|--------|----|--|--------|----|--|--------|------|----------------------|
| 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>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 21号 徴収開始年月日：令和 6年 2月 1日 徴収額 初診患者数 徴収患者数 7,700</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 20号 徴収開始年月日：令和 6年 2月 1日 徴収額 再診患者数 徴収患者数 3,300</p> <p>入院期間が180日を超える入院 (超過入院) 第 488号 徴収開始年月日：平成28年 4月 1日 入院料区分 対象者数 徴収日数 徴収料金 01：(一般入院) 急性期一 2,783 11：(一般入院) 特別入院 1,012</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06,1144,1 | 加賀こころの病院 | 〒922-0424 加賀市小菅波町121番地1 | 184 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 619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>17</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>32</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>費用徴収病床数 24床 割合 13.0%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 17 | 390 | 01:個室 | 2 | 945 | 01:個室 | 4 | 2,700 | 01:個室 | 1 | 3,375 | 01:個室 | 32 | | 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 24床 割合 13.0% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 17 | 390 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 945 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,375 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 24床 割合 13.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | |
|-----------|--------|------------------------------|-----|--|----|-----|------|-------|----|-------|-------|---|-------|-------|---|--|--------|---|-------|--------|-----|--|--------|------|----------------------|
| 07,1029,2 | 公立羽咋病院 | 〒925-0036 羽咋市的場町松崎 2 4 番地 | 174 | <p>薬価基準の記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 販売名 徴収額 エフェドリン「ナガ井」注射液 0</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 748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>3,300</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>4,950</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>2,200</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>費用徴収病床数 35床 割合 20.1%</td> </tr> </tbody> </table> <p>時間外診察 (時間外診察) 第 25号 徴収開始年月日：平成26年 4月 1日 徴収額 1,980 2,090 4,620 2,750 2,860 6,490</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 58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 2,255 02:リハビリテーション 2,695 02:リハビリテーション 2,035 02:リハビリテーション 1,925</p> <p>入院期間が180日を超える入院 (超過入院) 第 472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 04:(一般入院)急性期一 2,376</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 23 | 3,300 | 01:個室 | 4 | 4,950 | 01:個室 | 7 | | 02:2人室 | 8 | 2,200 | 04:4人室 | 132 | | 全許可病床数 | 174床 | 費用徴収病床数 35床 割合 20.1% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 23 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 4,950 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 132 | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 174床 | 費用徴収病床数 35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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|--------------------------|----------------------------------|-----|---|--------------|---------------|------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------------------|-----------------|-----------------|---------|----------------|-----------------|---------------------|--------|-----|--|--------|------|----------------------|
| 13,1030,8 | 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 4-1-23 | 268 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 770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>2</td> <td>2,200</td> </tr> <tr> <td>01:個室</td> <td>18</td> <td>1,100</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>550</td> </tr> <tr> <td>01:個室</td> <td>10</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>6</td> <td>550</td> </tr> <tr> <td>02:2人室</td> <td>24</td> <td>330</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>費用徴収病床数 54床 割合 20.1%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 2,200 | 01:個室 | 18 | 1,100 | 01:個室 | 4 | 550 | 01:個室 | 10 | | 02:2人室 | 6 | 550 | 02:2人室 | 24 | 330 | 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 | 2 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 18 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 24 | 330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 767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>3,850</td> </tr> <tr> <td>02:2人室</td> <td>8</td> <td>2,200</td> </tr> <tr> <td>04:4人室</td> <td>32</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>41床</td> <td>費用徴収病床数 9床 割合 22.0%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 3,850 | 02:2人室 | 8 | 2,200 | 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% | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13,1093,6 | わかばやし眼科クリニ ック | 〒921-8845 野々市市 太平寺 3丁目 160番地 | 11 | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 55号 徴収開始年月日：令和 2年 4月 1日 <table border="1"> <thead> <tr> <th>多焦点眼内レンズの販売名</th> <th>医薬品医療機器等法承認番号</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>テクニスマルチフォーカルアクリ</td> <td>22100BZX0019500</td> <td>220,000</td> </tr> <tr> <td>テクニス シナジー VB Si</td> <td>30200BZX0005500</td> <td>360,000</td> </tr> <tr> <td>テクニス シナジー TVB S</td> <td>30200BZX0013900</td> <td>385,000</td> </tr> <tr> <td>Clareon 非球面 Pan</td> <td>30200BZX0029400</td> <td>360,000</td> </tr> <tr> <td>Clareon 非球面 Pan</td> <td>30300BZX0015300</td> <td>385,000</td> </tr> <tr> <td>Clareon ViVity</td> <td>30400BZX0025000</td> <td>360,000</td> </tr> </tbody> </table> | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | テクニスマルチフォーカルアクリ | 22100BZX0019500 | 220,000 | テクニス シナジー VB Si | 30200BZX0005500 | 360,000 | テクニス シナジー TVB S | 30200BZX0013900 | 385,000 | Clareon 非球面 Pan | 30200BZX0029400 | 360,000 | Clareon 非球面 Pan | 30300BZX0015300 | 385,000 | Clareon ViVity | 30400BZX0025000 | 360,000 | | | | | | |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニスマルチフォーカルアクリ | 22100BZX0019500 | 220,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シナジー VB Si | 30200BZX0005500 | 360,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シナジー TVB S | 30200BZX0013900 | 385,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon 非球面 Pan | 30200BZX0029400 | 360,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon 非球面 Pan | 30300BZX0015300 | 385,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon ViVity | 30400BZX0025000 | 360,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13,1111,6 | ののいち産婦人科クリ ニック | 〒921-8815 野々市市 本町 2丁目 18番 22号 | 14 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 833号 徴収開始年月日：令和 5年10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>2</td> <td>4,000</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>5,000</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>5,500</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>全許可病床数</td> <td>14床</td> <td>費用徴収病床数 6床 割合 42.9%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 4,000 | 01:個室 | 3 | 5,000 | 01:個室 | 1 | 5,500 | 01:個室 | 4 | | 02:2人室 | 4 | | 全許可病床数 | 14床 | 費用徴収病床数 6床 割合 42.9% | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 4,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 5,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 14床 | 費用徴収病床数 6床 割合 42.9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|-------------------------|-----------------------------|-----|--|----|-----|------|-------|----|-------|--------|---|-------|--------|---|--|--------|----|-----|--------|-----|---------------------|----------|-----|---------------------|--------|------|----------------------|
| 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 741号 徴収開始年月日：平成19年 5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>2,530</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>3,520</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td></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>全許可病床数</td> <td>19床</td> <td>費用徴収病床数 3床 割合 15.8%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 2,530 | 01:個室 | 2 | 3,520 | 01:個室 | 1 | | 02:2人室 | 12 | | 03:3人室 | 3 | | 全許可病床数 | 19床 | 費用徴収病床数 3床 割合 15.8% | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 2,530 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,520 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 676号 徴収開始年月日：平成26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>17</td> <td>7,700</td> </tr> <tr> <td>02:2人室</td> <td>8</td> <td>2,200</td> </tr> <tr> <td>02:2人室</td> <td>2</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>28</td> <td>880</td> </tr> <tr> <td>04:4人室</td> <td>156</td> <td></td> </tr> <tr> <td>05:5人室以上</td> <td>9</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>220床</td> <td>費用徴収病床数 53床 割合 24.1%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 17 | 7,700 | 02:2人室 | 8 | 2,200 | 02:2人室 | 2 | | 04:4人室 | 28 | 880 | 04:4人室 | 156 | | 05:5人室以上 | 9 | | 全許可病床数 | 220床 | 費用徴収病床数 53床 割合 24.1% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 17 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 8 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 28 | 880 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 156 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 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 <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>2</td> <td>5,000</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>3,000</td> </tr> <tr> <td>03:3人室</td> <td>3</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>費用徴収病床数 4床 割合 21.1%</td> </tr> </tbody> </table> | 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% | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|--------|--|-------|--|----|-----|------|-------|----|-------|-------|---|--------|-------|----|--|--------|------|----------------------|-------|-----|-------|-------|-------|-------|-------|-------|-------|-------|--------------|-------|--------------|-------|--------------|-------|-------|------|------|------|-----------------|--|--|-------|
| 13,1168,6 | 南ヶ丘病院 | 〒921-8847 野々市市西部中央土地区画整理事業 施行地区5 6 街区1 番 | 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 787号 徴収開始年月日：令和 3年 6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>34</td> <td>5,500</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>16,500</td> </tr> <tr> <td>01:個室</td> <td>84</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>120床</td> <td>費用徴収病床数 36床 割合 30.0%</td> </tr> </tbody> </table> <p>時間外診察 (時間外診察) 第 26号 徴収開始年月日：令和 4年 7月 1日 徴収額 210</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 64号 徴収開始年月日：令和 3年 6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>1,080</td> </tr> <tr> <td>01:検査</td> <td>1,090</td> </tr> <tr> <td>01:検査</td> <td>1,340</td> </tr> <tr> <td>01:検査</td> <td>1,340</td> </tr> <tr> <td>02:リハビリテーション</td> <td>2,700</td> </tr> <tr> <td>02:リハビリテーション</td> <td>2,040</td> </tr> <tr> <td>02:リハビリテーション</td> <td>1,930</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 487号 徴収開始年月日：令和 3年 6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>04: (一般入院) 急性期一</td> <td></td> <td></td> <td>2,412</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 34 | 5,500 | 01:個室 | 2 | 16,500 | 01:個室 | 84 | | 全許可病床数 | 120床 | 費用徴収病床数 36床 割合 30.0% | 診療の名称 | 徴収額 | 01:検査 | 1,080 | 01:検査 | 1,090 | 01:検査 | 1,340 | 01:検査 | 1,340 | 02:リハビリテーション | 2,700 | 02:リハビリテーション | 2,040 | 02:リハビリテーション | 1,930 | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 04: (一般入院) 急性期一 | | | 2,412 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 34 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 16,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 120床 | 費用徴収病床数 36床 割合 30.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,090 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,340 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,040 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,930 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: (一般入院) 急性期一 | | | 2,412 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | 公立河北中央病院 | 〒929-0323 河北郡津幡町字津幡口51番地2 | 60 | <p>医薬品の治験に係る診療 (治験診療) 第 162号 治験薬名称 FYU-981</p> <p>徴収開始年月日：平成30年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第Ⅲ相 13</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 703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>3,300</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>4,400</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>5,500</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 421号 入院料区分 対象者数 徴収日数 徴収料金 04:(一般入院)急性期一 2,157</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 14 | 3,300 | 01:個室 | 2 | 4,400 | 01:個室 | 2 | 5,500 | 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% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | 817 | <p>医薬品の治験に係る診療 (治験診療) 第 155号 治験薬名称 フマル酸ジメチル MK-8931 somavaratan tedizolid phosp mirogabarin フィルグラスチム ウステキヌマブ グセルクマブ エボロクマブ ODM-201 PT010006 ceftolozane/taz セレキシパグ リバーロキサバン ジルコニウムナトリウム環状ケイ フェンタニル塩酸塩 PT010007 ジルコニウムナトリウム環状ケイ チオテパ ジクロフェナク結合ヒアルロン酸 エボカルセト Omecamtiv Mecar JTZ-951 JTZ-951 トルバプタン エサキセレノン JTZ-951 Bardoxolone met</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>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第Ⅱ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>8</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>5</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>3:外用薬</td><td>3:第Ⅲ相</td><td>8</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>3:外用薬</td><td>3:第Ⅲ相</td><td>8</td><td></td></tr> <tr><td>3:外用薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>10</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第Ⅱ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>5</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>10</td><td></td></tr> </tbody> </table> <p>医療機器の治験に係る診療 (機器治験) 第 25号 治験機器名称 J L L - L E G PRDS-001 NCVG-BR2</p> <p>徴収開始年月日：平成28年 7月 1日</p> <table border="1"> <thead> <tr> <th>区分</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td></td><td>10</td><td></td></tr> <tr><td></td><td>3</td><td></td></tr> <tr><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 徴収開始年月日：平成30年 2月27日</p> <table border="1"> <thead> <tr> <th>販売名</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>ファセンラ皮下注30mgシリンジ</td> <td>0</td> </tr> </tbody> </table> | 内・注・外 | 区分 | 対象患者数 | 徴収額 | 1:内服薬 | 3:第Ⅲ相 | 2 | | 1:内服薬 | 2:第Ⅱ相 | 6 | | 2:注射薬 | 2:第Ⅱ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 8 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 5 | | 2:注射薬 | 3:第Ⅲ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 2 | | 3:外用薬 | 3:第Ⅲ相 | 8 | | 2:注射薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 2:第Ⅱ相 | 3 | | 1:内服薬 | 2:第Ⅱ相 | 6 | | 3:外用薬 | 3:第Ⅲ相 | 8 | | 3:外用薬 | 3:第Ⅲ相 | 6 | | 1:内服薬 | 2:第Ⅱ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 10 | | 1:内服薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 1 | | 2:注射薬 | 2:第Ⅱ相 | 2 | | 1:内服薬 | 3:第Ⅲ相 | 5 | | 1:内服薬 | 3:第Ⅲ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 10 | | 区分 | 対象患者数 | 徴収額 | | 10 | | | 3 | | | 2 | | 販売名 | 徴収額 | ファセンラ皮下注30mgシリンジ | 0 |
| 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第Ⅱ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:外用薬 | 3:第Ⅲ相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:外用薬 | 3:第Ⅲ相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3:外用薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第Ⅱ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 販売名 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ファセンラ皮下注30mgシリンジ | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|--------|-----------------------|-----|---|----|-----|------|-------|---|--------|-------|----|--------|-------|----|--------|-------|----|-------|-------|---|-------|-------|----|-------|-------|---|-------|-------|----|--|--------|---|-------|--------|----|--|--------|---|--|--------|----|-------|--------|-----|--|----------|----|--|--------|------|-----------------------|-------|-----|--------------|-------|--------------|-------|--------------|-------|--------------|-------|--------------|-------|-------|-------|
| | | | | <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 6号 徴収開始年月日：平成26年 5月28日 医療機器の販売名 徴収額 医療機器管理室 技師の人数 3,300</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 733号 徴収開始年月日：平成28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>27,500</td></tr> <tr><td>01:個室</td><td>12</td><td>15,400</td></tr> <tr><td>01:個室</td><td>29</td><td>13,200</td></tr> <tr><td>01:個室</td><td>59</td><td>8,800</td></tr> <tr><td>01:個室</td><td>5</td><td>5,500</td></tr> <tr><td>01:個室</td><td>12</td><td>4,400</td></tr> <tr><td>01:個室</td><td>2</td><td>3,300</td></tr> <tr><td>01:個室</td><td>70</td><td></td></tr> <tr><td>02:2人室</td><td>6</td><td>2,750</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>72</td><td>1,650</td></tr> <tr><td>04:4人室</td><td>504</td><td></td></tr> <tr><td>05:5人室以上</td><td>29</td><td></td></tr> <tr> <td>全許可病床数</td> <td>817床</td> <td>費用徴収病床数 199床 割合 24.4%</td> </tr> </tbody> </table> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 11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 7,700 5,500</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 11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 3,300 2,090</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 61号 徴収開始年月日：平成24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>2,700</td></tr> <tr><td>02:リハビリテーション</td><td>2,040</td></tr> <tr><td>02:リハビリテーション</td><td>1,930</td></tr> <tr><td>02:リハビリテーション</td><td>2,260</td></tr> <tr><td>02:リハビリテーション</td><td>1,980</td></tr> <tr><td>01:検査</td><td>1,110</td></tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 27,500 | 01:個室 | 12 | 15,400 | 01:個室 | 29 | 13,200 | 01:個室 | 59 | 8,800 | 01:個室 | 5 | 5,500 | 01:個室 | 12 | 4,400 | 01:個室 | 2 | 3,300 | 01:個室 | 70 | | 02:2人室 | 6 | 2,750 | 02:2人室 | 12 | | 03:3人室 | 3 | | 04:4人室 | 72 | 1,650 | 04:4人室 | 504 | | 05:5人室以上 | 29 | | 全許可病床数 | 817床 | 費用徴収病床数 199床 割合 24.4% | 診療の名称 | 徴収額 | 02:リハビリテーション | 2,700 | 02:リハビリテーション | 2,040 | 02:リハビリテーション | 1,930 | 02:リハビリテーション | 2,260 | 02:リハビリテーション | 1,980 | 01:検査 | 1,110 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 27,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 12 | 15,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 29 | 13,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 59 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 12 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 72 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 504 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 29 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 817床 | 費用徴収病床数 199床 割合 24.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診療の名称 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,040 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,930 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 2,260 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:リハビリテーション | 1,980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:検査 | 1,110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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:検査 1,090 01:検査 1,360 01:検査 1,360 入院期間が180日を超える入院 (超過入院)第 474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 2,840 金属床による総義歯の提供 (金属総義歯)第 730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 330,000 330,000 02:金 275,000 275,000 03:コバルト 220,000 220,000 う蝕に罹患している患者の指導管理 (う蝕管理)第 317号 徴収開始年月日:平成29年 6月 1日 継続管理種類 価格 01:フッ化物局所 2,200 02:小窩裂溝填塞 2,200 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給)第 60号 徴収開始年月日:令和 2年 4月 1日 多焦点眼内レンズの販売名 医薬品医療機器等法承認番号 徴収額 テクニス シンフォニー トーリ 22900BZX0000500 176,000 テクニス シンフォニー トーリ 22900BZX0036000 198,000 テクニス シナジー VB Si 30200BZX0005500 209,000 テクニス シナジー TVB S 30200BZX0013900 242,000 Clareon 非球面 Pan 30200BZX0029400 220,000 Clareon PanOpti 30200BZX0029300 220,000 Clareon Vivity 30500BZX0004100 220,000 Clareon 非球面 Pan 30300BZX0015300 253,000 Clareon PanOpti 30400BZX0025000 253,000 ファインビジョン HP POD 30400BZX0019700 220,000 テクニス オデッセイ VB S 30600BZX0002400 209,000 テクニス オデッセイ TVB 30600BZX0002500 242,000 Vivinex ジェメトリック 30500BZX0026300 220,000 Vivinex ジェメトリック 30500BZX0026400 253,000 |
| 14,1125,4 | 望月眼科医院 | 〒920-0275 河北郡内灘町字旭ヶ丘142番地 | | 白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給)第 35号 徴収開始年月日:令和 2年 4月 1日 多焦点眼内レンズの販売名 医薬品医療機器等法承認番号 徴収額 Clareon Pan Opt 30200BZX0029400 222,200 Clareon Pan Opt 30300BZX0015300 244,200 |

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 | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|--------------|--------------------------------------|-----|---|----|-----|------|-------|---|-------|-------|----|-------|--------|----|-------|--------|-----|--|---------|----|---------|--------|-----|--|---------|-----|----------|
| 14,1135,3 | みずほ病院 | 〒929-0346 河北郡津幡町字潟端4 2 2 番地 1 | 79 | <p>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</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Ⅱ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 766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>5,500</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>2,200</td> </tr> <tr> <td>04:4人室</td> <td>76</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>79床</td> <td></td> </tr> <tr> <td>費用徴収病床数</td> <td>3床</td> <td>割合 3.8%</td> </tr> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 5,500 | 01:個室 | 2 | 2,200 | 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% | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14,1141,1 | キジマあたまのクリニック | 〒929-0342 河北郡津幡町北中条2丁目3 3 番地 | | <p>医薬品の治験に係る診療 (治験診療) 第 168号 治験薬名称 BHV3000 BHV3000 AGN-241689/atog</p> <p>徴収開始年月日：令和 6年 7月 1日 内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第Ⅲ相 5 1:内服薬 3:第Ⅲ相 10 1:内服薬 3:第Ⅲ相 8</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| 15,1048,5 | 町立富来病院 | 〒925-0446 羽咋郡志賀町富来地頭町7の1 1 0 番地 1 | 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 828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>2</td> <td>3,850</td> </tr> <tr> <td>01:個室</td> <td>14</td> <td>2,750</td> </tr> <tr> <td>02:2人室</td> <td>6</td> <td>1,100</td> </tr> <tr> <td>02:2人室</td> <td>2</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>36</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>22床</td> <td>割合 36.7%</td> </tr> </table> <p>入院期間が1 8 0日を超える入院 (超過入院) 第 422号 入院料区分 対象者数 徴収日数 徴収料金 09:(一般入院) 地域一般 1,680</p> <p>徴収開始年月日：平成26年 4月 1日</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 3,850 | 01:個室 | 14 | 2,750 | 02:2人室 | 6 | 1,100 | 02:2人室 | 2 | | 04:4人室 | 36 | | 全許可病床数 | 60床 | | 費用徴収病床数 | 22床 | 割合 36.7% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 14 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 60床 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 費用徴収病床数 | 22床 | 割合 36.7% | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15,1054,3 | 河崎医院 | 〒925-0141 羽咋郡志賀町高浜町卜- 1 | | <p>時間外診察 (時間外診察) 第 23号 徴収額 650</p> <p>徴収開始年月日：平成30年 9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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|----------|-----------------------------------|---------|---|----|-----|------|-------|---|-------|-------|---|-------|-------|---|-------|--------|---|-------|-------|---|--|--------|----|--|--------|-----|----------------------|-------|------|------|------|---------------|--|--|-------|----|-------|----|----|---------|--|---------|---------|--------|--|---------|---------|------|--|---------|---------|--------|----|-----------|-------|-----------|-------|
| 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 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 670号 徴収開始年月日：平成29年 5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>5,500</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td>3,300</td> </tr> <tr> <td>01:個室</td> <td>7</td> <td>1,100</td> </tr> <tr> <td>02:2人室</td> <td>2</td> <td>1,650</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> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 477号 徴収開始年月日：令和元年10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>37:(一般入院)急性期一</td> <td></td> <td></td> <td>2,323</td> </tr> </tbody> </table> <p>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</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>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> </tbody> </table> <p>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</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>3,240</td> </tr> <tr> <td>02:小窩裂溝填塞</td> <td>2,160</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 5,500 | 01:個室 | 6 | 3,300 | 01:個室 | 7 | 1,100 | 02:2人室 | 2 | 1,650 | 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% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 37:(一般入院)急性期一 | | | 2,323 | 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 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 1,100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 2 | 1,650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37:(一般入院)急性期一 | | | 2,323 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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タ 8 番地 | 100 | <p>薬価基準の記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 販売名 ストロメクトール錠 3 m g 徴収開始年月日：平成18年 4月27日 徴収額 850</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 768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>5,500</td></tr> <tr><td>01:個室</td><td>1</td><td>4,950</td></tr> <tr><td>01:個室</td><td>3</td><td>4,400</td></tr> <tr><td>01:個室</td><td>2</td><td>3,850</td></tr> <tr><td>01:個室</td><td>15</td><td>2,750</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> <tr><td>全許可病床数</td><td>98床</td><td>費用徴収病床数 23床 割合 23.5%</td></tr> </tbody> </table> <p>入院期間が 1 8 0 日を超える入院 (超過入院) 第 423号 徴収開始年月日：平成15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>37: (一般入院) 急性期一</td> <td></td> <td></td> <td>1,080</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 5,500 | 01:個室 | 1 | 4,950 | 01:個室 | 3 | 4,400 | 01:個室 | 2 | 3,850 | 01:個室 | 15 | 2,750 | 02: 2 人室 | 4 | | 03: 3 人室 | 3 | | 04: 4 人室 | 68 | | 全許可病床数 | 98床 | 費用徴収病床数 23床 割合 23.5% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 37: (一般入院) 急性期一 | | | 1,080 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 4,950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 15 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03: 3 人室 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: 4 人室 | 68 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 98床 | 費用徴収病床数 23床 割合 23.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37: (一般入院) 急性期一 | | | 1,080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17,1060,6 | 公立宇出津総合病院 | 〒927-0433 鳳珠郡能登町字宇出津タ字 9 7 番地 | 100 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 674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>6,600</td></tr> <tr><td>01:個室</td><td>6</td><td>4,400</td></tr> <tr><td>01:個室</td><td>21</td><td>2,750</td></tr> <tr><td>02: 2 人室</td><td>8</td><td></td></tr> <tr><td>03: 3 人室</td><td>39</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>100床</td><td>費用徴収病床数 29床 割合 29.0%</td></tr> </tbody> </table> <p>入院期間が 1 8 0 日を超える入院 (超過入院) 第 424号 徴収開始年月日：平成27年 7月15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>37: (一般入院) 急性期一</td> <td></td> <td></td> <td>2,000</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 6,600 | 01:個室 | 6 | 4,400 | 01:個室 | 21 | 2,750 | 02: 2 人室 | 8 | | 03: 3 人室 | 39 | | 04: 4 人室 | 24 | | 全許可病床数 | 100床 | 費用徴収病床数 29床 割合 29.0% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 37: (一般入院) 急性期一 | | | 2,000 | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 21 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02: 2 人室 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03: 3 人室 | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04: 4 人室 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 100床 | 費用徴収病床数 29床 割合 29.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37: (一般入院) 急性期一 | | | 2,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21,1000,4 (21,3000,8) | 石川県立こころの病院 | 〒929-1214 かほく市内高松ヤ 3 6 | 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</p> <table border="1"> <thead> <tr> <th>治験薬名称</th> <th>内・注・外 区分</th> <th>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>MT-4666</td> <td>1:内服薬 2:第Ⅱ相</td> <td>9</td> <td></td> </tr> </tbody> </table> | 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Ⅱ相 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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Ⅱ相 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|---------|--------------------------|-----|---|----|-----|------|-------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|-------|----|--|--------|---|--|--------|---|--|--------|-----|----------------------|
| 22,1011,9 | 恵愛会松南病院 | 〒924-0805 白山市若宮3丁目6番地 | 35 | 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">区分</th> <th style="width: 15%;">病床数</th> <th style="width: 25%;">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 157号 治験薬名称 AZD0585 ASP1517 ASP1517 Ivabradine MK-7625A JTZ-951 JTZ-951 JTZ-951 BAY85-3934 K-877</p> <p>内・注・外 区分 対象患者数 徴収額 1:内服薬 3:第Ⅲ相 7 1:内服薬 3:第Ⅲ相 2 1:内服薬 3:第Ⅲ相 9 1:内服薬 3:第Ⅲ相 1 2:注射薬 3:第Ⅲ相 2 1:内服薬 3:第Ⅲ相 4 1:内服薬 3:第Ⅲ相 6 1:内服薬 3:第Ⅲ相 2 1:内服薬 3:第Ⅲ相 4 1:内服薬 6</p> <p>薬価基準の記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 徴収額 ストロメクトール錠 3mg 820</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 673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>8</td> <td>11,000</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>7,700</td> </tr> <tr> <td>01:個室</td> <td>36</td> <td>4,950</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>3,300</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> <tr> <td>全許可病床数</td> <td>305床</td> <td>費用徴収病床数 47床 割合 15.4%</td> </tr> </tbody> </table> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 17号 徴収開始年月日：令和 2年 4月 1日 徴収額 初診患者数 徴収患者数 7,000 5,000</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 16号 徴収開始年月日：令和 2年 4月 1日 徴収額 再診患者数 徴収患者数 3,000 1,900</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 8 | 11,000 | 01:個室 | 2 | 7,700 | 01:個室 | 36 | 4,950 | 01:個室 | 1 | 3,300 | 01:個室 | 33 | | 02:2人室 | 4 | | 03:3人室 | 129 | | 04:4人室 | 92 | | 全許可病床数 | 305床 | 費用徴収病床数 47床 割合 15.4% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 8 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 7,700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 36 | 4,950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 129 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 305床 | 費用徴収病床数 47床 割合 15.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 |
|--------------------------|------------|----------------------------|-----|--|
| | | | | 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 徴収開始年月日：平成17年11月 1日 診療の名称 徴収額 01:検査 1,500 01:検査 1,500 入院期間が180日を超える入院 (超過入院) 第 467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 01: (一般入院) 急性期一 2,720 |
| 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 697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 6,600 02: 2人室 2 3,300 04: 4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% |
| 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 | 11 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 737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 11,000 01:個室 1 5,500 01:個室 5 4,400 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% |
| 22,1033,3 (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 331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 2,200 |
| | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|-----------------|----------------------------------|-----|--|--------------|---------------|------|----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|--------|----|--|--------|----|--|--------|-----|----------------------|--------|------|----------------------|
| 22,1055,6 | 新村病院 | 〒920-2104 白山市月橋町 7 2 2 番地 1 2 | 47 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 824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>5</td> <td>3,300</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>4,400</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>5,500</td> </tr> <tr> <td>02:2人室</td> <td>12</td> <td>1,980</td> </tr> <tr> <td>02:2人室</td> <td>12</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>14</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>47床</td> <td>費用徴収病床数 21床 割合 44.7%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 484号 入院料区分 対象者数 徴収日数 徴収料金 04:(一般入院)急性期一 2,370</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 5 | 3,300 | 01:個室 | 2 | 4,400 | 01:個室 | 2 | 5,500 | 02:2人室 | 12 | 1,980 | 02:2人室 | 12 | | 04:4人室 | 14 | | 全許可病床数 | 47床 | 費用徴収病床数 21床 割合 44.7% | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 5 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 12 | 1,980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 47床 | 費用徴収病床数 21床 割合 44.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 764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>4</td> <td>3,300</td> </tr> <tr> <td>01:個室</td> <td>20</td> <td>3,850</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td>4,400</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>6,600</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>費用徴収病床数 32床 割合 21.1%</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 55号 診療の名称 徴収額 01:検査 1,144 01:検査 1,122</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 4 | 3,300 | 01:個室 | 20 | 3,850 | 01:個室 | 6 | 4,400 | 01:個室 | 2 | 6,600 | 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% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 20 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22,1087,9 | 前田眼科クリニック | 〒924-0024 白山市北安田町 5 0 7 9 番地 | | <p>白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 43号 徴収開始年月日：令和 3年 6月15日</p> <table border="1"> <thead> <tr> <th>多焦点眼内レンズの販売名</th> <th>医薬品医療機器等法承認番号</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>テクニス シンフォニー VB</td> <td>22900BZX0000500</td> <td>160,000</td> </tr> <tr> <td>テクニス シンフォニー トーリ</td> <td>22900BZX0036000</td> <td>181,000</td> </tr> <tr> <td>Clareon PanOpti</td> <td>30200BZX0029400</td> <td>247,000</td> </tr> <tr> <td>Clareon PanOpti</td> <td>30300BZX0015300</td> <td>269,000</td> </tr> </tbody> </table> | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | テクニス シンフォニー VB | 22900BZX0000500 | 160,000 | テクニス シンフォニー トーリ | 22900BZX0036000 | 181,000 | Clareon PanOpti | 30200BZX0029400 | 247,000 | Clareon PanOpti | 30300BZX0015300 | 269,000 | | | | | | | | | | | | |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー VB | 22900BZX0000500 | 160,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー トーリ | 22900BZX0036000 | 181,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon PanOpti | 30200BZX0029400 | 247,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clareon PanOpti | 30300BZX0015300 | 269,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---------------------|---------------------------------|---------|--|----|-----|------|-------|---|-------|-------|----|-------|-------|---|-------|-------|----|--|--------|-----|--|--------|------|----------------------|----|-------|----|----|--------|--|---------|---------|---------|--|---------|---------|--------|----|-----------|-------|
| 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 | 183 | <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Ⅱ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 835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>5,500</td> </tr> <tr> <td>01:個室</td> <td>31</td> <td>4,400</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>3,300</td> </tr> <tr> <td>01:個室</td> <td>32</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>183床</td> <td>費用徴収病床数 39床 割合 21.3%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 490号 入院料区分 対象者数 徴収日数 徴収料金 01:(一般入院)急性期一 2,780</p> <p>金属床による総義歯の提供 (金属総義歯) 第 722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>330,000</td> <td>330,000</td> </tr> <tr> <td>03:コバルト</td> <td></td> <td>330,000</td> <td>330,000</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 315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>2,200</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 7 | 5,500 | 01:個室 | 31 | 4,400 | 01:個室 | 1 | 3,300 | 01:個室 | 32 | | 04:4人室 | 112 | | 全許可病床数 | 183床 | 費用徴収病床数 39床 割合 21.3% | 金属 | その他金属 | 上顎 | 下顎 | 04:チタン | | 330,000 | 330,000 | 03:コバルト | | 330,000 | 330,000 | 継続管理種類 | 価格 | 01:フッ化物局所 | 2,200 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 7 | 5,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 31 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 112 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 183床 | 費用徴収病床数 39床 割合 21.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金属 | その他金属 | 上顎 | 下顎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:チタン | | 330,000 | 330,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:コバルト | | 330,000 | 330,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 継続管理種類 | 価格 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:フッ化物局所 | 2,200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|-----------------|---------------------------------|-----|---|--------------|---------------|------|-----------------|-----------------|---------|-----------------|-----------------|---------|----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|--------|------|----------------------|--------------|---------------|-----|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|-----------------|-----------------|---------|
| 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 | 100 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 825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>2,750</td> </tr> <tr> <td>01:個室</td> <td>4</td> <td>3,850</td> </tr> <tr> <td>01:個室</td> <td>2</td> <td>6,600</td> </tr> <tr> <td>01:個室</td> <td>10</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>30</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>44</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>100床</td> <td>費用徴収病床数 16床 割合 16.0%</td> </tr> </tbody> </table> <p>入院期間が180日を超える入院 (超過入院) 第 473号 入院料区分 対象者数 徴収日数 徴収料金 05:(一般入院) 急性期一 2,354</p> <p>白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 49号 徴収開始年月日：令和 5年 6月 1日</p> <table border="1"> <thead> <tr> <th>多焦点眼内レンズの販売名</th> <th>医薬品医療機器等法承認番号</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>アルコン Clareon Pa</td> <td>30200BZX0029400</td> <td>220,000</td> </tr> <tr> <td>アルコン Clareon Pa</td> <td>30300BZX0015300</td> <td>240,000</td> </tr> <tr> <td>AMO テクニス マルチフォー</td> <td>22300BZX0027700</td> <td>140,000</td> </tr> <tr> <td>AMO テクニス マルチフォー</td> <td>22100BZX0019500</td> <td>140,000</td> </tr> <tr> <td>AMO テクニス シナジー オ</td> <td>30200BZX0005500</td> <td>190,000</td> </tr> <tr> <td>AMO テクニス シナジー ト</td> <td>30200BZX0013900</td> <td>220,000</td> </tr> <tr> <td>アルコン Clareon Vi</td> <td>30500BZX0004100</td> <td>220,000</td> </tr> <tr> <td>ビーバービジテックインターナシ</td> <td>30400BZX0019700</td> <td>180,000</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 10 | 2,750 | 01:個室 | 4 | 3,850 | 01:個室 | 2 | 6,600 | 01:個室 | 10 | | 03:3人室 | 30 | | 04:4人室 | 44 | | 全許可病床数 | 100床 | 費用徴収病床数 16床 割合 16.0% | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | アルコン Clareon Pa | 30200BZX0029400 | 220,000 | アルコン Clareon Pa | 30300BZX0015300 | 240,000 | AMO テクニス マルチフォー | 22300BZX0027700 | 140,000 | AMO テクニス マルチフォー | 22100BZX0019500 | 140,000 | AMO テクニス シナジー オ | 30200BZX0005500 | 190,000 | AMO テクニス シナジー ト | 30200BZX0013900 | 220,000 | アルコン Clareon Vi | 30500BZX0004100 | 220,000 | ビーバービジテックインターナシ | 30400BZX0019700 | 180,000 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 4 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 100床 | 費用徴収病床数 16床 割合 16.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン Clareon Pa | 30200BZX0029400 | 220,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン Clareon Pa | 30300BZX0015300 | 240,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMO テクニス マルチフォー | 22300BZX0027700 | 140,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMO テクニス マルチフォー | 22100BZX0019500 | 140,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMO テクニス シナジー オ | 30200BZX0005500 | 190,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMO テクニス シナジー ト | 30200BZX0013900 | 220,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン Clareon Vi | 30500BZX0004100 | 220,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ビーバービジテックインターナシ | 30400BZX0019700 | 180,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23,1027,3 | 上田眼科医院 | 〒923-1121 能美市寺井町レ 1 0 4 番地 4 | 6 | <p>白内障患者に対する水晶体再建術に使用する多焦点眼内レンズ支給 (レンズ支給) 第 57号 徴収開始年月日：令和 2年 7月 15日</p> <table border="1"> <thead> <tr> <th>多焦点眼内レンズの販売名</th> <th>医薬品医療機器等法承認番号</th> <th>徴収額</th> </tr> </thead> <tbody> <tr> <td>アルコン クラレオン Pan0</td> <td>30200BZX0029400</td> <td>269,000</td> </tr> <tr> <td>アルコン クラレオン Pan0</td> <td>30300BZX0015300</td> <td>291,000</td> </tr> <tr> <td>テクニス シンフォニー VB</td> <td>22900BZX0000500</td> <td>190,000</td> </tr> <tr> <td>テクニス シンフォニー トーリ</td> <td>22900BZX0036000</td> <td>201,000</td> </tr> <tr> <td>テクニス シナジー VB Si</td> <td>30200BZX0005500</td> <td>247,000</td> </tr> <tr> <td>テクニス シナジー TVB S</td> <td>30200BZX0013900</td> <td>269,000</td> </tr> </tbody> </table> | 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | アルコン クラレオン Pan0 | 30200BZX0029400 | 269,000 | アルコン クラレオン Pan0 | 30300BZX0015300 | 291,000 | テクニス シンフォニー VB | 22900BZX0000500 | 190,000 | テクニス シンフォニー トーリ | 22900BZX0036000 | 201,000 | テクニス シナジー VB Si | 30200BZX0005500 | 247,000 | テクニス シナジー TVB S | 30200BZX0013900 | 269,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 多焦点眼内レンズの販売名 | 医薬品医療機器等法承認番号 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クラレオン Pan0 | 30200BZX0029400 | 269,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アルコン クラレオン Pan0 | 30300BZX0015300 | 291,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー VB | 22900BZX0000500 | 190,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シンフォニー トーリ | 22900BZX0036000 | 201,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シナジー VB Si | 30200BZX0005500 | 247,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| テクニス シナジー TVB S | 30200BZX0013900 | 269,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 141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>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>14</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>5</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>7</td><td></td></tr> <tr><td>1:内服薬</td><td>1:第Ⅰ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>5</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>5</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>5</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>10</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>10</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第Ⅱ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>10</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> </tbody> </table> | 内・注・外 | 区分 | 対象患者数 | 徴収額 | 2:注射薬 | 3:第Ⅲ相 | 14 | | 1:内服薬 | 3:第Ⅲ相 | 5 | | 2:注射薬 | 3:第Ⅲ相 | 7 | | 1:内服薬 | 1:第Ⅰ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 1:内服薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 2 | | 1:内服薬 | 3:第Ⅲ相 | 2 | | 1:内服薬 | 2:第Ⅱ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 6 | | 1:内服薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 1 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 2 | | 1:内服薬 | 2:第Ⅱ相 | 6 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 2:第Ⅱ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 5 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 2:第Ⅱ相 | 5 | | 1:内服薬 | 3:第Ⅲ相 | 5 | | 1:内服薬 | 3:第Ⅲ相 | 2 | | 1:内服薬 | 2:第Ⅱ相 | 3 | | 1:内服薬 | 2:第Ⅱ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 10 | | 1:内服薬 | 3:第Ⅲ相 | 10 | | 2:注射薬 | 2:第Ⅱ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 10 | | 1:内服薬 | 2:第Ⅱ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 1 | | 1:内服薬 | 3:第Ⅲ相 | 4 | |
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| 1:内服薬 | 2:第Ⅱ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第Ⅱ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--------|----------------------|-------|--|----|-----|------|-------|----|-------|-------|----|-------|-------|---|--------|-------|---|--------|-------|---|--------|-------|----|--|--------|-----|--|--------|----|--|--------|-----|--|----------|----|--|--------|------|----------------------|-------|------|------|------|---------------|--|--|-------|
| | | | | <p>Lumicitabine 1:内服薬 2:第Ⅱ相 2</p> <p>医療機器の治験に係る診療 (機器治験) 第 26号 徴収開始年月日：平成28年 7月 1日</p> <p>治験機器名称 区分 対象患者数 徴収額</p> <p>GP1101 3:第Ⅲ相 3</p> <p>SX-1001 3:第Ⅲ相 1</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 782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>41</td><td>4,950</td></tr> <tr><td>01:個室</td><td>28</td><td>9,350</td></tr> <tr><td>01:個室</td><td>3</td><td>11,550</td></tr> <tr><td>01:個室</td><td>2</td><td>20,350</td></tr> <tr><td>01:個室</td><td>2</td><td>14,300</td></tr> <tr><td>01:個室</td><td>43</td><td></td></tr> <tr><td>02:2人室</td><td>222</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>168</td><td></td></tr> <tr><td>05:5人室以上</td><td>18</td><td></td></tr> <tr><td>全許可病床数</td><td>554床</td><td>費用徴収病床数 76床 割合 13.7%</td></tr> </tbody> </table> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 14号 徴収開始年月日：平成28年 4月 1日</p> <p>徴収額 初診患者数 徴収患者数</p> <p>7,700</p> <p>5,500</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 13号 徴収開始年月日：平成28年 4月 1日</p> <p>徴収額 再診患者数 徴収患者数</p> <p>3,300</p> <p>2,090</p> <p>入院期間が180日を超える入院 (超過入院) 第 479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>01:(一般入院)急性期一</td> <td></td> <td></td> <td>2,723</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 41 | 4,950 | 01:個室 | 28 | 9,350 | 01:個室 | 3 | 11,550 | 01:個室 | 2 | 20,350 | 01:個室 | 2 | 14,300 | 01:個室 | 43 | | 02:2人室 | 222 | | 03:3人室 | 27 | | 04:4人室 | 168 | | 05:5人室以上 | 18 | | 全許可病床数 | 554床 | 費用徴収病床数 76床 割合 13.7% | 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | 01:(一般入院)急性期一 | | | 2,723 |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 41 | 4,950 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 28 | 9,350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 11,550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 20,350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 14,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 222 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 168 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 554床 | 費用徴収病床数 76床 割合 13.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院料区分 | 対象者数 | 徴収日数 | 徴収料金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:(一般入院)急性期一 | | | 2,723 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----------------------|--------------------------|-----|---|----|-----|------|-------|----|-------|-------|----|-------|-------|----|-------|--------|----|-------|--------|-----|--|--------|------|---------------------|--------|-----|--|--------|------|----------------------|
| 80,1004,2 (80,3005,3) | 独立行政法人国立病院 機構 医王病院 | 〒920-0171 金沢市岩出町ニ73-1 | 310 | <p>薬価基準の記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 3 m g 824</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 806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>15</td> <td>3,850</td> </tr> <tr> <td>01:個室</td> <td>12</td> <td>3,300</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>2,750</td> </tr> <tr> <td>02:2人室</td> <td>12</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>268</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td>310床</td> <td>費用徴収病床数 30床 割合 9.7%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 15 | 3,850 | 01:個室 | 12 | 3,300 | 01:個室 | 3 | 2,750 | 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 30床 割合 9.7% | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 15 | 3,850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 12 | 3,300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 30床 割合 9.7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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150 | 215 | <p>入院医療に係る特別の療養環境の提供 (入療養提供) 第 777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>6,710</td> </tr> <tr> <td>01:個室</td> <td>1</td> <td>4,180</td> </tr> <tr> <td>01:個室</td> <td>11</td> <td>3,960</td> </tr> <tr> <td>01:個室</td> <td>13</td> <td>2,750</td> </tr> <tr> <td>01:個室</td> <td>10</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>215床</td> <td>費用徴収病床数 27床 割合 12.6%</td> </tr> </tbody> </table> <p>200床以上の病院の初診 (病院初診) 第 63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 1,650</p> <p>入院期間が180日を超える入院 (超過入院) 第 450号 徴収開始年月日：平成17年11月 1日 入院料区分 対象者数 徴収日数 徴収料金 37:(一般入院)急性期一 2,321</p> | 区分 | 病床数 | 徴収金額 | 01:個室 | 2 | 6,710 | 01:個室 | 1 | 4,180 | 01:個室 | 11 | 3,960 | 01:個室 | 13 | 2,750 | 01:個室 | 10 | | 02:2人室 | 6 | | 04:4人室 | 172 | | 全許可病床数 | 215床 | 費用徴収病床数 27床 割合 12.6% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 6,710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 4,180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 11 | 3,960 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 13 | 2,750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 172 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 215床 | 費用徴収病床数 27床 割合 12.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | |
|-----------|-------------------|---------------------------------|-----|---|----|-----|------|-------|----|-------|-------|----|-------|-------|---|-------|--------|---|--|--------|-----|--|--------|------|----------------------|
| 80,1008,3 | 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 | 239 | 入院医療に係る特別の療養環境の提供 (入療養提供) 第 813号 徴収開始年月日：平成28年 4月11日 <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">区分</th> <th style="text-align: right;">病床数</th> <th style="text-align: right;">徴収金額</th> </tr> </thead> <tbody> <tr> <td>01:個室</td> <td style="text-align: right;">13</td> <td style="text-align: right;">2,090</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">21</td> <td style="text-align: right;">2,640</td> </tr> <tr> <td>01:個室</td> <td style="text-align: right;">2</td> <td style="text-align: right;">2,970</td> </tr> <tr> <td>02:2人室</td> <td style="text-align: right;">6</td> <td></td> </tr> <tr> <td>04:4人室</td> <td style="text-align: right;">172</td> <td></td> </tr> <tr> <td>全許可病床数</td> <td style="text-align: right;">214床</td> <td>費用徴収病床数 36床 割合 16.8%</td> </tr> </tbody> </table> | 区分 | 病床数 | 徴収金額 | 01:個室 | 13 | 2,090 | 01:個室 | 21 | 2,640 | 01:個室 | 2 | 2,970 | 02:2人室 | 6 | | 04:4人室 | 172 | | 全許可病床数 | 214床 | 費用徴収病床数 36床 割合 16.8% |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 13 | 2,090 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 21 | 2,640 | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 2 | 2,970 | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 172 | | | | | | | | | | | | | | | | | | | | | | | | |
| 全許可病床数 | 214床 | 費用徴収病床数 36床 割合 16.8% | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---------------------|-----------------------------|-----|--|-------|----|-------|-----|-------|-------|---|--|-------|-------|----|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|----|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|----|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|-------|-------|---|--|
| 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 | 830 | <p>医薬品の治験に係る診療 (治験診療) 第 158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>対象患者数</th> <th>徴収額</th> </tr> </thead> <tbody> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>11</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>7</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第Ⅱ相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>1:第Ⅰ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>1:第Ⅰ相</td><td>12</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>5</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>7</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>8</td><td></td></tr> <tr><td>1:内服薬</td><td>2:第Ⅱ相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>1:内服薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第Ⅱ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>10</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>2:第Ⅱ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>8</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>3</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>4</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>9</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>6</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>2</td><td></td></tr> <tr><td>2:注射薬</td><td>3:第Ⅲ相</td><td>1</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Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 11 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 7 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 1:内服薬 | 3:第Ⅲ相 | 1 | | 2:注射薬 | 3:第Ⅲ相 | 1 | | 2:注射薬 | 2:第Ⅱ相 | 4 | | 2:注射薬 | 1:第Ⅰ相 | 2 | | 1:内服薬 | 2:第Ⅱ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 2:第Ⅱ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 4 | | 1:内服薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 1:第Ⅰ相 | 12 | | 2:注射薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 1:内服薬 | 3:第Ⅲ相 | 5 | | 1:内服薬 | 3:第Ⅲ相 | 7 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 8 | | 1:内服薬 | 2:第Ⅱ相 | 1 | | 2:注射薬 | 3:第Ⅲ相 | 4 | | 2:注射薬 | 3:第Ⅲ相 | 4 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 1:内服薬 | 3:第Ⅲ相 | 4 | | 2:注射薬 | 2:第Ⅱ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 10 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 2:第Ⅱ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 8 | | 2:注射薬 | 3:第Ⅲ相 | 3 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 4 | | 2:注射薬 | 3:第Ⅲ相 | 9 | | 2:注射薬 | 3:第Ⅲ相 | 6 | | 2:注射薬 | 3:第Ⅲ相 | 1 | | 2:注射薬 | 3:第Ⅲ相 | 2 | | 2:注射薬 | 3:第Ⅲ相 | 1 | |
| 内・注・外 | 区分 | 対象患者数 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第Ⅱ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 1:第Ⅰ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 1:第Ⅰ相 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 2:第Ⅱ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:内服薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第Ⅱ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 2:第Ⅱ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2:注射薬 | 3:第Ⅲ相 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|---------|---------|-------|--|--------------|-------|-------|---|-----------------|-------|-------|---|----------|-------|-------|---|---------|-------|-------|---|-----------------|-------|-------|---|--------|-------|-------|---|--------|----|-------|-----|-----------------|--|---|--|--------------|--|----|--|--------|--|----|--|-----------------|--|---|--|-----|-----|-----------------------|---|----------|-----|---------|-------|---------------|---------|-----|---|-----------------|---------|--|----|-----|-----|--------------|-----|----|-----|------|-------|---|--------|-------|---|--------|-------|----|--------|-------|----|-------|-------|---|-------|-------|---|-------|-------|-----|--|--------|----|--|--------|----|--|--------|-----|--|----------|----|--|
| | | | | <table border="0"> <tr> <td>Atezolizumab</td> <td>2:注射薬</td> <td>3:第Ⅲ相</td> <td>6</td> </tr> <tr> <td>ONO-4538/BMS-93</td> <td>2:注射薬</td> <td>3:第Ⅲ相</td> <td>5</td> </tr> <tr> <td>MK-7625A</td> <td>2:注射薬</td> <td>3:第Ⅲ相</td> <td>1</td> </tr> <tr> <td>MK-3475</td> <td>2:注射薬</td> <td>2:第Ⅱ相</td> <td>1</td> </tr> <tr> <td>ONO-4538/BMS-93</td> <td>2:注射薬</td> <td>2:第Ⅱ相</td> <td>7</td> </tr> <tr> <td>FCU-08</td> <td>2:注射薬</td> <td>3:第Ⅲ相</td> <td>8</td> </tr> </table> <p>医療機器の治験に係る診療 (機器治験) 第 29号</p> <table border="0"> <tr> <td>治験機器名称</td> <td>区分</td> <td>対象患者数</td> <td>徴収額</td> </tr> <tr> <td>LX-01 血球細胞除去用浄化</td> <td></td> <td>6</td> <td></td> </tr> <tr> <td>Celution-SUI</td> <td></td> <td>10</td> <td></td> </tr> <tr> <td>PAX-15</td> <td></td> <td>14</td> <td></td> </tr> <tr> <td>Celution 800/IV</td> <td></td> <td>4</td> <td></td> </tr> </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 3号</p> <table border="0"> <tr> <td>販売名</td> <td>徴収額</td> </tr> <tr> <td>タグリツソ錠40mg・タグリツソ錠80mg</td> <td>0</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 5号</p> <table border="0"> <tr> <td>医療機器の販売名</td> <td>徴収額</td> <td>医療機器管理室</td> <td>技師の人数</td> </tr> <tr> <td>PillCamSBカプセル</td> <td>104,400</td> <td>1:有</td> <td>4</td> </tr> <tr> <td>OncoGuideTMNCCオ</td> <td>712,240</td> <td></td> <td>18</td> </tr> </table> <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</p> <table border="0"> <tr> <td>販売名</td> <td>徴収額</td> </tr> <tr> <td>ストロメクトール錠3mg</td> <td>821</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 776号</p> <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>38,500</td> </tr> <tr> <td>01:個室</td> <td>3</td> <td>27,500</td> </tr> <tr> <td>01:個室</td> <td>46</td> <td>11,000</td> </tr> <tr> <td>01:個室</td> <td>98</td> <td>8,800</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td>6,600</td> </tr> <tr> <td>01:個室</td> <td>6</td> <td>4,400</td> </tr> <tr> <td>01:個室</td> <td>102</td> <td></td> </tr> <tr> <td>02:2人室</td> <td>28</td> <td></td> </tr> <tr> <td>03:3人室</td> <td>18</td> <td></td> </tr> <tr> <td>04:4人室</td> <td>504</td> <td></td> </tr> <tr> <td>05:5人室以上</td> <td>18</td> <td></td> </tr> </table> | Atezolizumab | 2:注射薬 | 3:第Ⅲ相 | 6 | ONO-4538/BMS-93 | 2:注射薬 | 3:第Ⅲ相 | 5 | MK-7625A | 2:注射薬 | 3:第Ⅲ相 | 1 | MK-3475 | 2:注射薬 | 2:第Ⅱ相 | 1 | ONO-4538/BMS-93 | 2:注射薬 | 2:第Ⅱ相 | 7 | FCU-08 | 2:注射薬 | 3:第Ⅲ相 | 8 | 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 | | Celution-SUI | | 10 | | PAX-15 | | 14 | | Celution 800/IV | | 4 | | 販売名 | 徴収額 | タグリツソ錠40mg・タグリツソ錠80mg | 0 | 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 | OncoGuideTMNCCオ | 712,240 | | 18 | 販売名 | 徴収額 | ストロメクトール錠3mg | 821 | 区分 | 病床数 | 徴収金額 | 01:個室 | 1 | 38,500 | 01:個室 | 3 | 27,500 | 01:個室 | 46 | 11,000 | 01:個室 | 98 | 8,800 | 01:個室 | 6 | 6,600 | 01:個室 | 6 | 4,400 | 01:個室 | 102 | | 02:2人室 | 28 | | 03:3人室 | 18 | | 04:4人室 | 504 | | 05:5人室以上 | 18 | |
| Atezolizumab | 2:注射薬 | 3:第Ⅲ相 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ONO-4538/BMS-93 | 2:注射薬 | 3:第Ⅲ相 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MK-7625A | 2:注射薬 | 3:第Ⅲ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MK-3475 | 2:注射薬 | 2:第Ⅱ相 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ONO-4538/BMS-93 | 2:注射薬 | 2:第Ⅱ相 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FCU-08 | 2:注射薬 | 3:第Ⅲ相 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Celution-SUI | | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAX-15 | | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Celution 800/IV | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 販売名 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| タグリツソ錠40mg・タグリツソ錠80mg | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OncoGuideTMNCCオ | 712,240 | | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 販売名 | 徴収額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ストロメクトール錠3mg | 821 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 区分 | 病床数 | 徴収金額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 1 | 38,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 3 | 27,500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 46 | 11,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 98 | 8,800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 6,600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 6 | 4,400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01:個室 | 102 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02:2人室 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03:3人室 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04:4人室 | 504 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05:5人室以上 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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>全許可病床数 830床 費用徴収病床数 160床 割合 19.3%</p> <p>特定機能病院、地域医療支援病院及び外来機能報告対象病院の初診 (大病院初診) 第 15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 7,700 5,500</p> <p>特定機能病院、地域医療支援病院及び紹介受診重点医療機関の再診 (大病院再診) 第 14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 3,300 2,090</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 50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 2,255 02:リハビリテーション 2,695 02:リハビリテーション 1,980 02:リハビリテーション 2,035 02:リハビリテーション 1,925</p> <p>入院期間が180日を超える入院 (超過入院) 第 471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 13: (特定入院) 7対1入 2,838</p> |