…………………………………………………………………………………………………………………  
*imię i nazwisko*

…………………………………………………………………………………………………………………  
*adres (ulica i nr domu/mieszkania)*

…………………………………………………………………………………………………………………  
*kod pocztowy i miejscowość*

RACHUNEK  
dla   
 Hospicjum św. Franciszka w Katowicach,   
ul. Piotrowicka 13, 40-722 Katowice  
za zrealizowane wizyty domowe u pacjentów w miesiącu ……………..………………………………………………… /………………….….… r.

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| --- | --- | --- | --- | --- | --- | --- |
| A | Ilość wizyt w miesiącu | | |  | ilość wszystkich wizyt włącznie z pierwszorazowymi |  |
| A-1 |  | - w tym wizyt pierwszorazowych |  | | ze względu na dodatek do wizyty pierwszorazowej |
| B | Ilość dyżurów świątecznych | | |  | ilość dyżurów w sobotę, niedzielę i święta (Boże Narodzenie, Wielkanoc, 1 listopada) |  |
| C | Dyżury nocne 19:00-7:00 | | |  |  |  |
| D | Wizyta u pacjenta z COVID | | |  |  |  |
| E | Wizyty wolontaryjne | | |  |  |  |
| F | Dodatek za specjalizację | | |  | dotyczy specjalizacji z zakresu opieki paliatywnej- kwota jednorazowa |  |

| lp | Nazwisko i imię | Data wizyty u podopiecznego | Data I wizyty\* | Suma wizyt |
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