Załącznik Nr 1 do Umowy

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| **PLAN RZECZOWO - FINANSOWY zał nr …. do umowy nr ……………….................……….. rodzaj świadczeń: ………………………………………….wersja ……** | | | | | | | | | | | | | | | | | | | | **Nr dokumentu (aneksu) wprowadzającego:………....................... OW NFZ** | | | | | | | | | | |
| Nr identyfikacyjny nadany przez NFZ | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Nazwa świadczeniodawcy w rozumieniu ustawy o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Okres rozliczeniowy od………… do………………….** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pozycja | Podstawa \* | | | Kod zakresu świadczeń | | | | Zakres świadczeń | | | Kod miejsca udzielania świadczeń | | | | Jednostka rozliczeniowa | | | | Liczba jednostek rozliczeniowych | | | Cena jedn. rozlicz. (zł) | | | Wartość (zł) | | | Kod limitu | | |
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| razem zakresy (kwota umowy w okresie rozliczeniowym) | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
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| Razem limity | | | | |  | | | |  |  | | |  | | |  | | | |  | | | | |  | | |  | |  |
| Kod limitu | | Wartość limitu(zł) | | |  | | | |  |  | | |  | | |  | | | |  | | | | |  | | |  | |  |
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| Razem limity (kwota umowy) | |  | | |  | | | |  |  | | |  | | |  | | | |  | | | | |  | | |  | |  |
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| Okres rozliczeniowy od………… do………………….\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pozycja | Podstawa \* | | | Kod zakresu świadczeń | | | | Zakres świadczeń | | | | Kod miejsca udzielania świadczeń | | | Jednostka rozliczeniowa | | | Liczba jednostek rozliczeniowych | | | | Cena jedn. rozlicz. (zł) | | | Wartość (zł) | | | Kod limitu | | |
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| razem zakresy (kwota umowy w okresie rozliczeniowym) | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
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| Razem limity (kwota umowy) | |  | | |  | | | |  |  | | |  | | |  | | | |  | | | | |  | | |  | |  |
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| w tym w poszczególnych okresach sprawozdawczych - razem pozycje | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Razem pozycje | | | | | | | Okres sprawozd. | | | | Wartość (zł) | | | Okres sprawozd. | | | Wartość (zł) | | | | Okres sprawozd. | | Wartość (zł) | | | Okres sprawozd. | | | Wartość (zł) | |
| Styczeń | | | |  | | | Luty | | |  | | | | Marzec | |  | | | Kwiecień | | |  | |
| Maj | | | |  | | | Czerwiec | | |  | | | | Lipiec | |  | | | Sierpień | | |  | |
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| Pozycja | | |  | | | Kod zakresu | | |  | Nazwa zakresu | | | | | |  | | | | | | | | | | | | | | |
| Kod miejsca | | |  | | | Nazwa miejsca | | |  | | | | | | | | | | | | | | | | | | | | | |
| Adres miejsca | | |  | | | | | | | | | | | | | | | | | | | | | TERYT | | |  | | | |
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| data sporządzenia | | |  | | |  | | |  |  | | |  | | |  | | | |  | | | |  | | |  | | |  |
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| Fundusz\*\*\* | | |  | | |  | | |  |  | | |  | | |  | | | | świadczeniodawca\*\*\*\* | | | |  | | |  | | |  |
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| \* Określenie czynności formalno - prawnej, na podstawie której została utworzona pozycja umowy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\* - Kolejne sekcje drukowane dla każdego okresu rozliczeniowego oznaczonego w umowie (o ile w umowie oznaczono więcej niż jeden okres rozliczeniowy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\* kwalifikowany podpis elektroniczny albo pieczęć wraz z podpisem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\*\* kwalifikowany podpis elektroniczny albo pieczęć/nadruk/naklejka świadczeniodawcy - zawierające nazwę, adres, NIP i REGON - wraz z podpisem | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |