

保険外併用療養費について

2026.6

1. 室料差額（1日あたり）

入院にあたり、特別室の利用を希望される場合は、別途室料が必要となります。

詳細につきましては受付までお問い合わせください。

(税込)

| 病棟 | 部屋番号 | ベッド数 | テレビ | 冷蔵庫 | トイレ | UB | 手洗い | シンク | 室料差額 |
|------|------|------|-----|-----|-----|----|-----|-----|--------|
| S2病棟 | 202 | 1 | ● | ● | | | | | 3,300 |
| | 206 | 1 | ● | ● | | | | | 3,300 |
| | 231 | 1 | ● | ● | ● | | ● | | 4,950 |
| | 232 | 1 | ● | ● | ● | | ● | | 4,950 |
| | 233 | 1 | ● | ● | ● | | ● | | 4,950 |
| | 235 | 1 | ● | ● | ● | | ● | | 4,950 |
| | 236 | 1 | ● | ● | ● | ● | ● | ● | 22,000 |
| | 251 | 1 | ● | ● | ● | ● | | | 5,500 |
| | 252 | 1 | ● | ● | ● | ● | | | 5,500 |
| | 253 | 1 | ● | ● | ● | ● | | | 5,500 |
| | 255 | 1 | ● | ● | ● | ● | | | 5,500 |
| | 256 | 1 | ● | ● | ● | ● | | | 5,500 |
| | 257 | 1 | ● | ● | ● | ● | | | 5,500 |
| S3病棟 | 301 | 1 | ● | ● | | | | | 3,300 |
| | 302 | 1 | ● | ● | | | | | 3,300 |
| | 303 | 1 | ● | ● | | | | | 3,300 |
| | 305 | 1 | ● | ● | | | | | 3,300 |
| | 306 | 1 | ● | ● | | | | | 3,300 |
| | 307 | 1 | ● | ● | | | | | 3,300 |
| N3病棟 | 351 | 1 | ● | ● | | | ● | | 3,850 |
| | 352 | 1 | ● | ● | | | ● | | 3,850 |
| | 353 | 1 | ● | ● | | | ● | | 3,850 |
| | 355 | 1 | ● | ● | | | ● | | 3,850 |
| | 356 | 1 | ● | ● | | | ● | | 3,850 |
| | 357 | 1 | ● | ● | | | ● | | 3,850 |
| | 363 | 1 | ● | ● | ● | ● | | | 5,500 |
| | 365 | 1 | ● | ● | ● | ● | | | 5,500 |

※その他の病室については、室料差額の徴収は行っておりません。