附表24

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| 定点医疗机构医疗保障结算申报表 | | | | | | | | | | | | | | | | | | |
| 结算类别：□职工住院费用 □职工普通门诊 □职工门特门慢 □城乡居民住院费用 □城乡居民门诊统筹 □城乡居民门特门慢 □城乡居民“两病” □生育保险 □其他..... | | | | | | | | | | | | | | | | | | |
| 定点医疗机构名称 |  | | | | | 结算起止时间 | |  | | | | | 经办机构名称 | |  | | | |
| 定点医疗机构编码 |  | | | | | 申请结算日期 | |  | | | | | 结算申请流水号 | |  | | | |
| 参保人所属地医保局 | 结算人次 | 总医疗费用 | 基本医疗保险基金 | | 补充医疗基金 | | 大病保险基金 | | 医疗救助资金 | | 个人账户 | | 其他1 | | 其他2 | | 其他3 | |
| 人次 | 金额 | 人次 | 金额 | 人次 | 金额 | 人次 | 金额 | 人次 | 金额 | 人次 | 金额 | 人次 | 金额 | 人次 | 金额 |
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| 合计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 结算申请人： |  |  |  |  |  |  |  |  |  |  |  |  | 打印时间： | |  |  |  |  |