医疗保险协议定点医疗机构医保费用申报表（表一）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **医院名称：** | | | | | | **统计日期由XX年XX月XX日至XXX日** | | | | |  | **单位：元** | |
| 序号 | 住院号 | 姓名 | 性别 | 身份证号 | 住院日期 | 出院日期 | 诊断 | 总费用 | 统筹支付合计 | 基本统筹支付 | 大额支付 | 大病支付 | 个人支付 |
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| 注：1、统筹支付合计=基本统筹支付+大额支付+大病支付 | | | | | | | | | | | | | |
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医疗保险协议定点医疗机构医保费用申报表(表二)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **门诊慢病定点医疗机构名称：** | | | | | | **统计日期由XX年XX月XX日至XXX日** | | | | |  | **单位：元** | |
| 序号 | 医院流水号 | 姓名 | 性别 | 身份证号 | 结算时间 | | 门慢病种 | 总费用 | 统筹支付合计 | 基本统筹支付 | 大额支付 | 大病支付 | 个人支付 |
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医疗保险协议定点医疗机构医保费用申报表(表三)

**门诊统筹定点医疗机构名称： 医疗统筹类别： 统计日期由XX年XX月XX日至XXX日 单位：元**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 人次 | 费用总额 | 医保支付总额 | 个人账户金额 | 病人自付金额 |
|  |  |  |  |  |