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| 附件1  广东省省内异地就医门诊医疗费用  零星报销协办业务信息表  参保地经办机构（盖章）：   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 序号 | | 姓名 | 证件 号码 | 业务 类型 | 机构 代码 | 定点医药 机构名称 | 费用发生 起始时间 | 费用发生 终止时间 | 总费用（元） | 上传病历 | 上传费用 明细 | 完成上传 时间 | 备注 | | | 1 | |  |  |  |  |  |  |  |  |  |  |  |  | | | 2 | |  |  |  |  |  |  |  |  |  |  |  |  | | | …… | |  |  |  |  |  |  |  |  |  |  |  |  | | | 注： | | 1.业务类型栏：填写普通门诊/门诊特定病种/日间手术/药店购药。 | | | | | | | | | | | | | |  | | 2.机构代码栏:填写国家医疗保障业务信息编码标准规定的医疗机构代码或零售药店代码。 | | | | | | | | | | | | | |  | | 3.费用发生起始（结束）时间栏：就医诊疗业务按医疗费用财政票据上显示的诊疗起止时间填写，购药业务按购药小票日期填写，格式为2021年1月25日。 | | | | | | | | | | | | | |  | | 4.总费用栏：填写财政票据或购药小票上显示的总金额。 | | | | | | | | | | | | | |  | | 5.上传病历栏:确需上传病历帮助判断是否符合报销规定的，应在本栏明确需定点医疗机构上传该参保人员普通门诊、门诊特定病种、日间手术等病历盖章（医保办）扫描件。仅需上传明细的，本栏填“否” | | | | | | | | | | | | | |  | | 6.上传费用明细：填写“是”，必要时可详细说明。 | | | | | | | | | | | | | |  | | 7.完成上传时间栏：填写定点医疗机构须完成上传的截止时间，如2021年1月25日。原则上应预留5个工作日。 | | | | | | | | | | | | | |  | | 8.每张财政票据或购药小票信息填写一条。 | | | | | | | | | | | | |   经办人： 联系电话： 日期： 年 月 日 |
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