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| 附件3   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 广东省省内异地就医门诊医疗费用结算申报表（职工医保） | | | | | | | | | | | | | | | | | | | | | | | | | （医药机构申报一级表） | | | | | | | | | | | | | | | | | | | | | | | | | 就医地（统筹区）名称： | | | | | | | | | | 就医地（审核）经办机构名称： | | | | | | 参保地（统筹区）名称： | | | | | | | | | 就医地（统筹区）代码： | | | | | | | | | | 就医地（审核）经办机构代码： | | | | | | 参保地（统筹区）代码： | | | | | | | | | 费用申报定点医药机构名称： | | | | | | | | | | 申报结算日期：2021-07-01 至 2021-07-31 | | | | | |  | | | | | | | | | 费用申报定点医药机构代码： | | | | | | | | | | 业务交接号： | | | | | | 金额单位：元（保留两位小数） | | | | | | | | | 业务类别 | | 人数 | 人次 | 医疗费用总额 | 个人支付 金额 |  |  | 医保记账  金额合计 | |  | | | | | | | | | | | | | | | 自费 | 自付 | 基本医疗保险 |  | | 大病  保险 | 补充医疗保险 | | 公务员  补助 | | 伤残人员 医疗保障 | | 医疗救助 | | 其他 | | | 统筹  基金 | 个人  账户（虚账） | | 普通门诊 | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  | |  | |  | | | 门诊特定  病种 | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  | |  | |  | | | 重大疫情特殊医疗保障门诊 | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  | |  | |  | | | 总计 | |  |  |  |  |  |  |  | |  |  |  |  |  | |  | |  | |  | |  | | | 医药机构制表人：张三 | | | | | | | | | | | 医药机构复核人：李四 | | | | | |  | |  | |  | |  | | | 确认申报日期：2021年07月10日 | | | | | | | | | | | 医药机构财务部门联系电话： | | | | | |  | |  | |  | |  | | | 备注 | | | 1.结算日期以自然月份的1日零时至月度最后一日24时为准。 | | | | | | | | | | | | | | | | | | | | | | |  | | | 2.个人支付金额=个人自费+个人自付金额（个人先自付金额+各共付段自付金额）。 | | | | | | | | | | | | | | | | | | | | | | |  | | | 3.个人自付归集个人先自付金额和各保险共付段中的自付金额（含超限额自付金额）。 | | | | | | | | | | | | | | | | | | | | | | |  | | | 4.医保记账金额合计=基本医疗保险支付金额+大病保险支付金额+补充医疗保险支付金额+公务员补助支付金额+伤残人员医疗保障支付金额+医疗救助支付金额+其他支付金额。 | | | | | | | | | | | | | | | | | | | | | | |  | | | 5.基本医疗保险=统筹基金支付金额+个人账户（虚账）支付金额。 | | | | | | | | | | | | | | | | | | | | | | |  | | | 6.个人账户（虚账）归集基本医疗保险个人账户（虚账）支付的医疗费金额。 | | | | | | | | | | | | | | | | | | | | | | |  | | | 7.补充医疗保险归集由经办机构管理的其他补充医疗保险基金支付的医疗费金额。 | | | | | | | | | | | | | | | | | | | | | | |  | | | 8.公务员补助归集实施公务员医疗补助办法支付的医疗费金额。 | | | | | | | | | | | | | | | | | | | | | | |  | | | 9.伤残人员医疗保障归集（1-6级）伤残军人医疗费金额。 | | | | | | | | | | | | | | | | | | | | | | |  | | | 10.医疗救助归集支付医疗救助对象的医疗费金额。 | | | | | | | | | | | | | | | | | | | | | | |