附件8

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 广东省省内异地就医门诊医疗费用结算申报表（居民医保） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （医药机构申报三级表） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 定点医药机构名称： | | | | | | | | | | | | | | | | | | | 业务交接号： | | | | | | | | | | | | | |  | | | | | | |
| 定点医药机构代码： | | | | | | | | | | | | | | | | | | | 申报结算日期：2021-07-01至2021-07-31 | | | | | | | | | | | | | | 金额单位：元（保留两位小数） | | | | | | |
| 序号 | 姓名 | 性别 | 年龄 | 身份证件号码 | 人员类别 | 定点医药机构代码 | 病区 | 科室 | 就医登记号 | 业务类型 | 待遇类型 | 就医开始日期 | 就医结束日期 | 诊疗天数 | 结算日期 | 诊断 | 医疗费总金额 | 自费金额 | 个人先自付  金额 | | | | 基本医疗保险共付段 | | | 大病保险共付段 | | 补充医疗保险共付段 | | 公务员医疗补助共付段 | | 医疗救助记账金额 | 其他记账金额 | 记账金额合计 | 是否属于待遇冻结 | 是否属于第三方责任 | 是否属于转诊业务 | 是否属于互联网就医 | 备注 |
| 起付线 | 药品 | 医疗服务项目 | 医用耗材 | 统筹记账金额 | 个人账户支付金额（虚账） | 自付金额（含超限额自付） | 大病保险记账金额 | 自付金额（含超限额自付） | 补充医疗保险记账金额 | 自付金额（含超限额自付） | 公务员医疗补助记账金额 | 自付金额（含超限额自付） |
| 1 | 张三 |  |  |  | 居民 |  |  |  |  | 普通门诊/门诊特定病种 | 普通门诊/门诊特定病种（按病种单列） |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 是/否 | 是/否 | 是/否 | 是/否 |  |
| 2 | …… |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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： | | | | | | | | | | | | | | | | | | | | |
| 注： | 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |