丰顺县城乡居民重特大疾病医疗救助申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申请人姓名 | | |  | | | 性别 | | |  | | | | 年龄 | | | |  | | | | 出生年月 | | | | | | 年 月 日 | | | | | | | | | |
| 户籍地址 | | |  | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | |  | | | | | | 家庭人口 | | |  |
| 居住地址 | | |  | | | | | | | | | | | | | | | | | | 身份证号码 | | | | | | | | |  | | | | | | |
| 单位及地址 | | |  | | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | | | 户主姓名 | | | |  | |
| 家庭月总收入（元） | | | | |  | | | | | | 是否低保对象 | | | | | | | | 是 | | | | 否 | | 低保证号码 | | | | | |  | | | | | |
| 患重大疾病情况（包括申请人患重大疾病情况，医院诊断病种、治疗情况和建议）：  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 预计（实际支出）医疗费用（元） | | | | | | | | | | |  | | | | | | | 本年度第几次申请 | | | | | | | | | | | | | | | | |  | |
| 申请年月 | | | | 疾病种类 | | | 申请救助金额（元） | | | | | | | | | 批准救助金额（元） | | | | | | | | | | | 结算资助金额（元） | | | | | | | | 经办人 | |
|  | | | |  | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | |
|  | | | |  | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | |
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| 资助金用途 | | | | 门诊特定项目 | | | | | | 元 | | | | | | | | | | 住院 | | | | 元 | | | | | | | | | | | | |
| 代理人情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | 性别 | |  | 年龄 | | | |  | | | 与申请人关系 | | | | | | | | | | |  | | | 单位 | | |  | | | | |
| 单位地址 | |  | | | | | | | | | | | | 邮政编码 | | | | | | | |  | | | | | | 联系电话 | | | | | |  | | |
| 申请人（或代理人）签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 镇（场）审核意见 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 县医疗保障局审批意见 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

镇（场 ） 编号：

注：此表一式二份，县医保局、镇（场）各一份存档。