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| 附件5 |  |  | |  | |  | |  | |  | |
| 青岛市医疗保险异地医疗登记表(单位）  单位名称（单位公章）： 联系人： 联系电话： | | | | | | | | | | | |
| 姓名 | 身份证号码 | | 个人编号 | | 驻外省 | 驻外市 | 开始时间 | | 终止时间 | | 门诊大病定点医院 |
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