# 附件9

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 省本级基本医疗费用应付汇总帐\_封面 | | | | | | | | | | | | | | | | | | |
| 日期： 年 月 日 | | | |  |  | 批次号： | | | | | |  |  |  |  | 单位：元 | | |
| 支付类别 | | 应付合计 | 基本医疗小计 | 其中 | | | | | | | | | | | 保证金 | 稽核扣减 | 其他扣款 | 备注 |
| 统筹基金 | | | | | | 个人帐户 | | | | |
| 小计 | 住院 | 门慢特 | 普通门诊 | 药店 | 生育 | 小计 | 住院 | 门慢特 | 普通门诊 | 药店 |
| 1 | | 2=3-15-16-17 | 3=4+10 | 4=5+6+7+8+9 | 5 | 6 | 7 | 8 | 9 | 10=11+12+13+14 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 两定机构 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 个人零报 | 在职 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 退休 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 大额医保 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 补充医保 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 单位代发 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合计 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 应付合计： | |  | | | | | | | | | | | | | | | | |
| 中心领导签字： | | |  | 分管领导签字： | |  |  |  | 支付结算科： | |  | 费用审核科： | |  | 制表： | | | |