# 附件10

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| 年 月省本级职工医保定点医疗机构支付明细表 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日期： 年 月 日 | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 单位：元 | | | |
| 序号 | 单位名称 | 两定机构国家编码 | 收款方账号 | 收款方户名 | 开户行行名 | 职工医保基金支付 | | | | | | | | | | | | | 职工大额医疗保险 | 补充医疗保险 | 应付合计 | 保证金 | 稽核扣款 | 其它扣款 | 实际支付合计 |
| 合计 | 统筹基金 | | | | | | 个人账户 | | | | | |
| 小计 | 住院 | 门慢特 | 普通门诊 | 生育门诊 | 生育住院 | 住院 | 门慢特 | 普通门诊 | 生育门诊 | 生育住院 | 小计 |
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| 合计 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |