# 附件1

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| 省本级零星（手工）医疗费用支付明细表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日期： 年 月 日 | | | | | |  |  | 批次号： | | | | | | |  |  |  |  |  |  |  | 单位：元（保留两位小数） | | | | | | |
| 序号 | 姓名 | 人员类别 | 收款方账号 | 收款方户名 | 开户行行名 | 开户行行号（非必填） | 医保基金支付 | | | | | | | | | | | | | 大额医疗保险 | | | 补充医疗  保险 | | 医疗救助 | 其他 | 合计 | 单位名称 |
| 合计 | 统筹基金 | | | | | | 个人账户 | | | | | |
| 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 | 其他门诊 | 合计 | 住院 | 门诊 | 公务员补助 | 企业补充保险 |
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| 合计 | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |