连云港市基本医疗保险

门诊慢性病待遇申报表

**申报病种：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | | | | **性别** | | | |  | | | | **出生**  **日期** | | |  | | | | | **（照片）** |
| **身份证号** |  |  |  |  |  | |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |
| **联系电话** |  | | | | | | | | | | | | | | | | | | | | | |
| **参保类别** | **职工医保 □ 居民医保□** | | | | | | | | | | | | | | | | | | | | | |
| **本人（家属）签字** | | | | | | | |  | | | | | | | | | | | | | | |
| **以上内容由患者本人或监护人填写** | | | | | | | | | | | | | | | | | | | | | | | |
| **申报医院** |  | | | | | | | | | | | | | **科室** | | | | |  | | | | |
| **简要病情** | **病情：**  **现用药品用法用量：** | | | | | | | | | | | | | | | | | | | | | | |
| **经治医生** | | | | |  | | | | | | | | **科主任** | | | | |  | | | | |
| **申报**  **医院**  **意见** | **（医保办盖章）**  **医保办经办人： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | |
| **经办**  **机构**  **意见** | **（盖 章）**  **经办人： 复核人： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | |