连云港市基本医疗保险

医疗待遇定点医疗机构信息变更登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | | | **性 别** | | |  | | | | **出生日期** | | |  | | | | | |  |
| **参保类别** | **职工医保 □ 居民医保 □** | | | | | | | | | | | | | | | | | | | | |
| **身份证号** |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  |  |  |  |
|  |  | | | | | | | |  | | | | |  | | | | | | | |
| **备案待遇类型** | **转外就诊 □ 居外就诊 □ 门诊慢性病 □ 门诊特定项目 □**  **门诊特殊病 □** | | | | | | | | | | | | | | | | | | | | |
| **变更前定点医院** |  | | | | | | | | | | | | | | | | | | | | |
| **变更后定点医院** |  | | | | | | | | | | | | | | | | | | | | |
| **本人或代办人意见** | **本人或代办人签名：** | | | | | | | | | | | | | | | | | | | | |
| **经**  **办**  **机**  **构**  **意**  **见** | **（盖 章）**    **经办人 ： 复核人： 年 月 日** | | | | | | | | | | | | | | | | | | | | |

备注：提供参保人身份证复印件。