|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 附件1  备案编号： | | | | | |
| 广东省异地就医生育保险登记备案表 | | | | | |
| 参保人姓名 |  | | 身份证号码 |  | |
| 联系电话 |  | | | | |
| 人员类别 | □职工  □职工未就业配偶  □其他： | | 登记类别 | □新增 □变更 | |
| 职工未就业配偶姓名（选填） |  | | 职工未就业配偶身份证号码（选填） |  | |
| 是否符合国家  生育政策 | □是 □否 | | 已生育子女 | □无 □1名 □2名  □3名 □其他\_\_\_\_ | |
| 转往省 （市、区） |  | 地区 (市、州) |  | 县（区） |  |
| 产前检查  选定医院 |  | | | | |
| □本人 □被委托人  签名 |  | | 填表日期 |  | |
| 以下内容由参保市经办机构填写 | | | | | |
| 备案有效期 | □1.长期有效 □2.参保缴费年度内有效  □3.有效起止时间：\_\_\_\_年\_\_\_\_月\_\_\_\_日至\_\_\_\_年\_\_\_\_月\_\_\_\_日 | | | | |

备注：办理生育异地就医备案人员，其基本医疗保险同步备案至就医所在地。

经办机构： 联系电话： 经办人： 经办日期：

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| 附件2  广东省基本医疗保险省内异地就医生育医疗费用  零星报销协办业务信息表  参保市经办机构（盖章）：   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 序号 | | 姓名 | 证件 号码 | 业务 类型 | 机构 代码 | 定点医药 机构名称 | 费用发生 起始时间 | 费用发生 终止时间 | 总费用（元） | 上传病历 | 上传费用 明细 | 完成上传 时间 | 备注 | | | 1 | |  |  |  |  |  |  |  |  |  |  |  |  | | | 2 | |  |  |  |  |  |  |  |  |  |  |  |  | | | …… | |  |  |  |  |  |  |  |  |  |  |  |  | | | 注： | | 1.业务类型栏：填写生育医疗费用/计划生育医疗费用。 | | | | | | | | | | | | | |  | | 2.机构代码栏:填写国家医疗保障业务信息编码标准规定的医疗机构代码或零售药店代码。 | | | | | | | | | | | | | |  | | 3.费用发生起始（结束）时间栏：就医诊疗业务按医疗费用财政票据上显示的诊疗起止时间填写，格式为2021年1月1日。实际业务发生时间与票据上显示时间不一致的，按实际业务发生时间填写。 | | | | | | | | | | | | | |  | | 4.总费用栏：填写财政票据或购药小票上显示的总金额。 | | | | | | | | | | | | | |  | | 5.上传病历栏:确需上传病历帮助判断是否符合报销规定的，应在本栏明确需定点医疗机构上传该参保人员生育医疗费用、计划生育医疗费用等病历盖章（医保办）扫描件。仅需上传明细的，本栏填“否” | | | | | | | | | | | | | |  | | 6.上传费用明细：填写“是”，必要时可详细说明。 | | | | | | | | | | | | | |  | | 7.完成上传时间栏：填写定点医疗机构须完成上传的截止时间，如2021年1月1日。原则上应预留5个工作日。 | | | | | | | | | | | | | |  | | 8.每张财政票据或购药小票信息填写一条。 | | | | | | | | | | | | |   填写人： 联系电话： 填写日期： 年 月 日 |
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| 附件3   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 广东省省内异地就医生育医疗费用结算申报表 | | | | | | | | | | | | | | | | | | （医药机构申报一级表） | | | | | | | | | | | | | | | | | | 就医地（统筹区）名称： | | | | | | | | 就医地（审核）经办机构名称： | | | 参保市（统筹区）名称： | | | | | | | 就医地（统筹区）代码： | | | | | | | | 就医地（审核）经办机构代码： | | | 参保市（统筹区）代码： | | | | | | | 费用申报定点医疗机构名称： | | | | | | | | 申报结算日期：2021-10-01 至 2021-10-31 | | |  | | | | | | | 费用申报定点医疗机构代码： | | | | | | | | 业务交接号： | | | 金额单位：元（保留两位小数） | | | | | | | 业务类别 | | 人数 | 人次 | 医疗费用总额 | 个人支付 金额 |  |  | 医保记账  金额合计 |  | | | | | | | | | 自费 | 自付 | 基本医疗保险 | |  | | | | | | | 统筹  基金 | | | 个人  账户（虚账） | | | | 生育门诊 | |  |  |  |  |  |  |  |  | |  | | |  | | | | 生育住院 | |  |  |  |  |  |  |  |  | |  | | |  | | | | 总计 | |  |  |  |  |  |  |  |  | |  | | |  | | | | 医药机构制表人：张三 | | | | | | | | | 医药机构复核人：李四 | | |  | |  |  | |  | | 确认申报日期：2021年10月10日 | | | | | | | | | 医药机构财务部门联系电话： | | |  | |  |  | |  | | 备注 | | | 1.结算日期以自然月份的1日零时至月度最后一日24时为准。 | | | | | | | | | | | | | | | |  | | | 2.个人支付金额=个人自费+个人自付。 | | | | | | | | | | | | | | | |  | | | 3.个人自付归集个人先自付金额和各保险共付段中的自付金额（含超限额自付金额）。 | | | | | | | | | | | | | | | |  | | | 4.基本医疗保险=统筹基金+个人账户（虚账）。 | | | | | | | | | | | | | | | |  | | | 5.个人账户归集基本医疗保险个人账户支付的医疗费。 | | | | | | | | | | | | | | | |

附件4

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 广东省省内异地就医生育医疗费用结算申报表 | | | | | | | | | | | | | | | | | | |
| （医药机构申报二级表） | | | | | | | | | | | | | | | | | | |
| 定点医疗机构名称： | | | | | | | | | | | | | 业务交接号： | | | |  | |
| 定点医疗机构代码： | | | | | | | | | | | | | 申报结算日期：2021-10-01至2021-10-30 | | | | 金额单位：元（保留两位小数） | |
| 序号 | 业务  类型 | 待遇类型 | 人员类别 | 人数 | 人次 | 诊疗天数 | 医疗费 总金额 | 自费 金额 | 个人先自付金额 | | | | 基本医疗保险  共付段 | | | 记账金额合计 | 是否互联网就医 | 备注 |
| 起付线 | 药品 | 医疗服务项目 | 医用耗材 | 统筹记账 | 个人账户支付金额（虚账） | 自付金额（含超限额自付） |
| 1 | 生育门诊 | 产前检查 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | 生育门诊 | 放置（或取出）宫内节育器 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 生育门诊 | 输卵管结扎 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 生育门诊 | 输卵管复通 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 生育门诊 | 输精管结扎 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | 生育门诊 | 输精管复通 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | 生育门诊 | 人工流产 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | 生育门诊 | 全部生育门诊 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 全部生育门诊小计 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | 生育住院 | 终止妊娠（含宫外孕终止妊娠） | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | 生育住院 | 顺产 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | 生育住院 | 剖宫产 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | 生育住院 | 人工流产 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | 生育住院 | 引产 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 小计 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | 生育住院 | 全部生育住院 | 职工 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 全部生育住院小计 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | 合计 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 医药机构制表人：张三 | | | | | | | |  |  |  | 医药机构复核人：李四 | | | | | | | |
| 确认申报日期：2021年10月10日 | | | | | | | | | | | 医药机构财务部门联系电话： | | | | | | | |
| 备注 | 1.结算日期以自然月份的1日零时至月度最后一日24时为准。 | | | | | | | | | | | | | | | | | |

附件5

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 广东省省内异地就医生育医疗费用结算申报表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （医药机构申报三级表） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 定点医疗机构名称： | | | | | | | | | | | | | | | | | | | 业务交接号： | | | | | | | | |  | | |
| 定点医疗机构代码： | | | | | | | | | | | | | | | | | | | 申报结算日期：2021-10-01至2021-10-30 | | | | | | | | | 金额单位：元（保留两位小数） | | |
| 序号 | 姓名 | 性别 | 年龄 | 身份证件号码 | 人员类别 | 定点医疗机构代码 | 就医登记号 | 业务  类型 | 待遇  类型 | 就医开始日期 | 就医结束日期 | 诊疗天数 | 结算日期 | 生育诊断 | 医疗费总金额 | 自费金额 | 个人先自付  金额 | | | | | 基本医疗保险共付段 | | | 记账金额合计 | 是否属于待遇冻结 | 是否属于第三方责任 | 是否属于转诊业务 | 是否互联网就医 | 备注 |
| 起付线 | 药品 | | 医疗服务项目 | 医用耗材 | 统筹记账 | 个人账户支付金额（虚账） | 自付金额（含超限额自付） |
| 1 | 张三 |  |  |  | 职工/职工未就业配偶/其他 |  |  | 生育门诊/生育住院 | 生育门诊（按项目单列）/生育住院（按项目单列） |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | 是/否 | 是/否 | 是/否 | 是/否 |  |
| 2 | …… |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 总计 | | | | | | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |
| 医药机构制表人：张三 | | | | | | | | | | | | | | | | | | | 医药机构复核人：李四 | | | | | | | | | | | |
| 确认申报日期：2021年10月10日 | | | | | | | | | | | | | | | | | | | 医药机构财务部门联系电话： | | | | | | | | | | | |
| 备注 | 1.结算日期以自然月份的1日零时至月度最后一日24时为准。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

附件6

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 广东省省内异地就医生育医疗费用月结算审核说明 | | | | | | | | | | | |
| 就医地（统筹区）名称： | | | | 就医地（审核）经办机构名称： | | | | 参保市（统筹区）名称： | | | |
| 就医地（统筹区）代码： | | | | 就医地（审核）经办机构代码： | | | | 参保市（统筹区）代码： | | | |
| 费用申报定点医疗机构名称： | | | | 申报结算日期：2021-10-01 至 2021-10-31 | | | |  | | | |
| 费用申报定点医疗机构代码： | | | | 业务交接号： | | | | 金额单位：元（保留两位小数） | | | |
| 医疗费用审核 | 审核医疗费用所属月份 | 业务交接号 | 姓名 | 身份证件  号码 | 人员类别 | 待遇类型 | 就诊  时间 | 审核  情况 | 扣减  人次 | 扣减  金额 | 备注 |
| 2021年10月 |  |  |  | 职工/职工未就业配偶/其他 | 生育门诊/生育住院 | 生育：2021年10月1日 |  |  |  |  |
| 补拨  补扣 | 补拨补扣医疗费用 所属月份 | 业务交接号 | 姓名 | 身份证件  号码 | 人员类别 | 待遇类型 | 就诊  时间 | 审核  情况 | 补拨补扣人次 | 补拨补扣金额 | 备注 |
| 2021年4月 |  |  |  | 职工/职工未就业配偶/其他 | 生育门诊/生育住院 | 生育：2021年10月1日 |  |  |  |  |
| 专项补拨补扣 | 例：根据……，补拨/补扣2021年2月10日至3月15日期间参保人员王某某等50人次（45人）医疗费用合计12800元（具体扣减明细情况可向我单位核实） | | | | | | | | | | |
| 就医地（审核）经办机构医疗费用审核部门联系人： | | | | | | 联系电话： | | 制表时间： 年 月 日 | | | |

附件7

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 广东省省内异地就医生育医疗费用月结算审核支付表  （经办机构用表） | | | | | | | | | | | |
| 就医地（统筹区）名称： | | | | | | 就医地（审核）经办机构名称： | | | | | 参保市（统筹区）名称： | |
| 就医地（统筹区）代码： | | | | | | 就医地（审核）经办机构代码： | | | | | 参保市（统筹区）代码： | |
| 费用申报定点医疗机构名称： | | | | | | 申报结算日期：2021-10-01 至 2021-10-31 | | | | |  | |
| 费用申报定点医疗机构代码： | | | | | | 业务交接号： | | | | | 金额单位：元（保留两位小数） | |
| 业务  类型 | 人员类别 | | 人数 | 人次 | 医疗费 总金额 | 自费金额 | 自付  金额 | 记账  金额 | 审核扣减  金额 | 补拨/补扣金额 | 实际支付  金额 | 备注 |
| 生育门诊 | 申报 | 职工 |  |  |  |  |  |  | / | / | / |  |
| 职工未就业配偶 |  |  |  |  |  |  | / | / | / |  |
| 其他 |  |  |  |  |  |  | / | / | / |  |
| 小计 | |  |  |  |  |  |  |  |  |  |  |
| 审核 | 职工 |  |  |  |  |  |  |  |  | / |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  | / |  |
| 其他 |  |  |  |  |  |  |  |  | / |  |
| 小计 | |  |  |  |  |  |  |  |  |  |  |
| 支付 | 职工 |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |
| 生育门诊小计 | |  |  |  |  |  |  |  |  |  |  |
| 生育住院 | 申报 | 职工 |  |  |  |  |  |  | / | / | / |  |
| 职工未就业配偶 |  |  |  |  |  |  | / | / | / |  |
| 其他 |  |  |  |  |  |  | / | / | / |  |
| 小计 | |  |  |  |  |  |  |  |  |  |  |
| 审核 | 职工 |  |  |  |  |  |  |  |  | / |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  | / |  |
| 其他 |  |  |  |  |  |  |  |  | / |  |
| 小计 | |  |  |  |  |  |  |  |  |  |  |
| 支付 | 职工 |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |
| 生育住院小计 | |  |  |  |  |  |  |  |  |  |  |
| 合计 | | |  |  |  |  |  |  |  |  |  |  |
| 就医地（审核）经办机构负责人： | | | | | 复核人： | | 制表人： | | | 制表日期： | | |
| 备注 | 1.审核扣减的金额前用“—”进行标记。补扣的金额前用“—”进行标记，补拨的金额前用“+”进行标记。 | | | | | | | | | | | |
|  | 2.实际支付金额=记账金额+审核扣减金额+补拨补扣金额。 | | | | | | | | | | | |

附件8

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 广东省省内异地就医生育医疗费用月结算审核支付表  （医疗机构下载对账用表） | | | | | | | | | | | |
| 就医地（统筹区）名称： | | | | | | 就医地（审核）经办机构名称： | | | | | 参保市（统筹区）名称： | |
| 就医地（统筹区）代码： | | | | | | 就医地（审核）经办机构代码： | | | | | 参保市（统筹区）代码： | |
| 费用申报定点医疗机构名称： | | | | | | 申报结算日期：2021-10-01 至 2021-10-31 | | | | |  | |
| 费用申报定点医疗机构代码： | | | | | | 业务交接号： | | | | | 金额单位：元（保留两位小数） | |
| 业务  类型 | 人员类别 | | 人数 | 人次 | 医疗费 总金额 | 自费金额 | 自付  金额 | 记账  金额 | 审核扣减金额 | 补拨/补扣金额 | 实际支付金额 | 备注 |
| 生育门诊 | 申报 | 职工 |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |
| 小计 | |  |  |  |  |  |  |  |  |  |  |
| 审核 | 职工 |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |
| 小计 | |  |  |  |  |  |  |  |  |  |  |
| 支付 | 职工 |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |
| 生育门诊小计 | |  |  |  |  |  |  |  |  |  |  |
| 生育住院 | 申报 | 职工 |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |
| 小计 | |  |  |  |  |  |  |  |  |  |  |
| 审核 | 职工 |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |
| 小计 | |  |  |  |  |  |  |  |  |  |  |
| 支付 | 职工 |  |  |  |  |  |  |  |  |  |  |
| 职工未就业配偶 |  |  |  |  |  |  |  |  |  |  |
| 其他 |  |  |  |  |  |  |  |  |  |  |
| 生育住院小计 | |  |  |  |  |  |  |  |  |  |  |
| 合计 | | |  |  |  |  |  |  |  |  |  |  |
| 就医地（审核）经办机构医疗费用结算部门联系人： | | | | | 联系电话： | | | | | 制表日期： | | |

附件9

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 广东省省内异地就医生育医疗费用月结算审核支付汇总表 | | | | | | | | | | | | | | |
| （就医地用表） | | | | | | | | | | | | | | |
| **申报结算日期： 年 月 日 至 年 月 日** | | | | | | | | | | | | | | |
| **填报单位：地级以上市经办机构名称（章）：** | | | | | | | **业务交接号：** | |  | | **金额单位：元（保留两位小数）** | | | |
| 序号 | 参保所在市 | 人数 | 人次 | 拨付  人次 | 医疗费用总额 | 个人支付金额 | | 基本医疗保险记账金额 | | | | 审核扣减金额 | 补拨补扣金额 | 实际支付金额 |
| 统筹基金 | | 个人账户（虚账） | |
| 1 | 广州市 |  |  |  |  |  | |  | |  | |  |  |  |
| 2 | 深圳市 |  |  |  |  |  | |  | |  | |  |  |  |
| 3 | …… |  |  |  |  |  | |  | |  | |  |  |  |
| 总 计 | |  |  |  |  |  | |  | |  | |  |  |  |
| **负责人： 复核人： 填表人： 填报日期： 年 月 日 联系电话：** | | | | | | | | | | | | | | |  |
| 备注 | 1.审核扣减的金额前用“—”进行标记。补扣的金额前用“—”进行标记，补拨的金额前用“+”进行标记。 | | | | | | | | | | | | | |
|  | 2.实际支付金额=记账金额+审核扣减金额+补拨补扣金额。 | | | | | | | | | | | | | |

附件10

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 广东省省内异地就医生育医疗费用月结算拨付计划表 | | | | | | | |
| （就医地用表） | | | | | | | |
| 申报结算日期：年月日至年月日 | | | | | | | |
| 填报单位：各地级以上市经办机构（章）： 拨付批号： 单位：元 | | | | | | | |
| 参保所属市 | 医药机构名称 | 医药机构编码 | 业务交接号 | 人数 | 人次 | 拨付人次 | 拨付金额 |
| 深圳市 | 广东省人民医院 |  |  |  |  |  |  |
| 广州市第一人民医院 |  |  |  |  |  |  |
| 小计： 家医药机构 | | | |  |  |  |  |
| 珠海市 |  |  |  |  |  |  |  |
| 小计： 家医药机构 | | | |  |  |  |  |
| …… |  |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |  |
| 小计： 家医药机构 | | | |  |  |  |  |
| 合计： 个参保市 家医药机构 | | | |  |  |  |  |
| **负责人： 复核人： 填表人： 填报日期： 年 月 日 联系电话：** | | | | | | | |

附件11

|  |  |  |  |
| --- | --- | --- | --- |
| 广东省医疗保险异地就医结算专户划拨凭证（收/付款） | | | |
| 交易渠道： 交易日期： 年 月 日 业务编码： | | | |
| 付款人名称 |  | 收款人名称 |  | |
| 付款人账号 |  | 收款人账号 |  | |
| 付款人行名 |  | 收款人行名 |  | |
| 人民币（大写） |  | （小写） CNY |  | |
| 用途 |  | 业务类型 |  | |
| 备注 |  |  |  | |
| 已打印 次 打印时间： 年 月 日 时 分 秒 | | | | |

公开方式：主动公开