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| 2021年度住院明细表 | | | | | |
| 姓名： 　　 身份证号： | | | | | |
| 时间 | 住院总额 | 统筹支付 | 大病保险补助 （人寿保险、工会保险） | 商业保险  （威你保重特大医疗救助） | 自负金额 |
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| **合计：** |  |  |  |  |  |
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| **审核人签名：** | | | |  | |