**北京市生育保险手工报销医疗费用申报结算汇总单**

**单位名称：（盖章） 社会保险登记证号： 缴费区（县）： 单位：元、角、分**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **患者姓名** | **医疗保险**  **手 册 号** | **公民身份**  **号 码** | **就诊医院**  **名 称** | **合计** | **门（急）诊费用** | | | **住院费用** | | | **单据数**  **（张）** |
| **小计** | **本埠** | **外埠** | **小计** | **本埠** | **外埠** |
| **（1）** | **（2）** | **（3）** | **（4）** | **（5）** | **（6）** | **（7）** |  |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |
| **本页合计** |  |  |  |  |  |  |  |  |  |  |  |  |
| **合计** |  |  |  |  |  |  |  |  |  |  |  |  |

**联系电话： 填报人： 年 月 日**

**注：1、由用人单位申报生育保险医疗费用手工报销时附上此表。**

**2、( 1 ) = ( 2 ) + ( 5 ) , ( 2 ) = ( 3 ) + ( 4 ) , ( 5 ) = ( 6 ) + ( 7 ) 第 页，共 页**