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| 附件： |  | |  | |  | |  |  |  |  |  |
| **云南省基本医疗保险跨省异地就医备案表** | | | | | | | | |  |  |  |
| 患者姓名 | |  | | 身份证号 | |  | | |  |  |  |
| 社会保障卡号 | |  | | 联系电话 | |  | | |  |  |  |
| 参加险种 | | Ο城镇职工基本医疗保险 | | Ο 城乡居民基本医疗保险 | | | | |  |  |  |
| 单位或住址 | |  | | | | | | |  |  |  |
| 科别 | |  | | 住院号 | |  | | |  |  |  |
| 目前主要症状和体征 | |  | | | | | | |  |  |  |
| 诊断 | |  | | | | | | |  |  |  |
| 建议转往医院 | |  | | | | | | |  |  |  |
| 主治医师签章 | |  | | | 科室主任签章 | |  | |  |  |  |
| 患者意见 | |  | | | | | | |  |  |  |
| （签章） | |  |  |  |
| 医院医保办（科）意见（盖章） | | | | | | | | |  |  |  |
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| 注：1.本表一式二份，转出医疗机构医保办（科）、参保人员各一份。 | | | | | | | | |  |  |  |
| 2.未经备案转院或非备案同意转往医院发生的医疗费用不予报销。 | | | | | | | | |  |  |  |
| 3.参加省属在昆高校大学生基本医疗保险的人员请在“参加险种”栏选择“城乡居民  基本医疗保险”。 | | | | | | | | |  |  |  |
|  |  |  |
| 4.本备案表仅限一次跨省异地住院。 | | | | |  | |  |  |  |  |  |