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| 表一：重庆市跨省异地就医登记备案表（手工报销）

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓 名 | 　 | 性 别 | 　 | 险种 | 1.职工医保2.城乡居民医保 |
| 人员类别 | 1.异地安置退休人员 2.异地长期居住人员3.常驻异地工作人员4.异地转诊人员5.异地临时住院就医人员 | 登记类别 | 1.新增2.变更 |
| 社会保障号码（即身份证号码） | 　 | 社会保障卡卡号 | 　 |
| 参保地  家庭住址 | 　 | 异地联系地址 | 　 |
| 联系电话1 | 　 | 联系电话2 | 　 |
| 转往省（市、区） | 　 | 地区(市、州) | 　 | 县（区） | 　 |
| 医疗机构 | 医疗机构名称（盖章） | 医疗机构级别 |
| 　 | 　 |
| 　 | 　 |
| 　 | 　 |
| 异地经办机构意见（盖章） |  |
| 本人（被委托人）签名 | 　 | 填表日期 |  |
| 经办机构: |  |  | 经办人: |  | 经办日期: |

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