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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: | | |