附件2

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **吉林省\_\_\_\_统筹区定点服务机构医疗保障费用季度结算表（XXXX年XX季度）** | | | | | | | | |
| 定点服务机构编码名称： | | | | 结算申请流水号： | |  |  | 单位：元 |
| 序号 | 付费方式 | | 项目付费 | 床日付费 | 人头付费 | 病种付费 | | 合计 |
| DRG付费 | DIP付费 |
| 甲栏 | | | 1 | 2 | 3 | 4 | 5 | 6 |
| 医疗费用总额 | 本地 | 职工 |  |  |  |  |  |  |
| 居民 |  |  |  |  |  |  |
| 离休 |  |  |  |  |  |  |
| 长护（照护） |  |  |  |  |  |  |
| 省内异地 | |  |  |  |  |  |  |
| 跨省异地 | |  |  |  |  |  |  |
| 其他 | |  |  |  |  |  |  |
| 小计 | |  |  |  |  |  |  |
| 点数 | | |  |  |  |  |  |  |
| 点值 | | |  |  |  |  |  |  |
| 结算额度 | | |  |  |  |  |  |  |
|  | 个人负担 | |  |  |  |  |  |  |
|  | 个人账户 |  |  |  |  |  |  |
| 现金 |  |  |  |  |  |  |
| 基金结算额度 | | |  |  |  |  |  |  |
| 扣款 | 保证金 | |  |  |  |  |  |  |
| 超定额 | |  |  |  |  |  |  |
| 预付金、周转金返还 | |  |  |  |  |  |  |
| 审核扣款 | |  |  |  |  |  |  |
| 小计 | |  |  |  |  |  |  |
| 实际拨付 | | |  |  |  |  |  |  |
| 银行账户名称： | | | 银行账号： |  | 开户银行： |  |  | 结算日期： |