上海建桥学院学生校外门急诊结算凭证

SJQU-QR-XB-543（A0）

带★号的请认真填写 年 月 日 NO.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 学生姓名  ★ |  | | | | | | | | 年级  ★ | | |  | | | | | 专业班级  ★ | | |  | | | | | | | 学号  ★ | | |  | | | | | | | |
| 性别  ★ |  | 身份证号码  ★ | | |  |  | |  | |  | | |  |  | |  | |  | | |  | |  | |  |  | | |  | |  | |  |  | |  |  |
| 疾病名称  ★ |  | | | | | | | | | | | | | | | | | | | | | 就诊医院 | | | | | |  | | | | | | | | | |
| 医疗费  总计 |  | | 非医保费  总计 |  | | | 年起付  标准 | | | |  | | | | 一级医院  可报销70% | | | |  | | | | | 二级医院  可报销60% | | | |  | | | | 三级医院  可报销50% | | |  | | |
| 合计 |  | | | | | | | | | | | | | | 一级医院  支 出 | | | |  | | | | | 二级医院  支 出 | | | |  | | | | 三级医院  支 出 | | |  | | |
| 医疗费总支出（大写）： 万 仟 佰 拾 元 角 分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | （小写）￥ | | | | | | | | | |
| 报销人银行卡号（仅限建设银行）：★   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   学生手机号码：★   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 辅导员（签字）★  年 月 日 | | | | | | | | | |

审批人： 财务复审： 复核医生： 初审医生： 报销人★：

备注：三级医院 （上海市第六人民医院，上海市精神卫生中心）；二级医院（上海市第八人民医院，上海市浦东医院）；一级医院（上海市浦东新区芦潮港社区卫生服务中心）