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| 北京市城乡特困人员重大疾病救助花名册 | | | | | | | | | | | | | |
| 街道（乡镇）名称（盖章）： | | | | | | | | | | | | | |
| 序号 | 申请人 姓名 | 性别 | 身份证号码 | 户籍所在地 | 确诊医院 | 罹患重大  疾病名称 | 救助 类别 | 医疗  保障  类别 | 治疗费用支出情况（万元） | | | 应享受重大  疾病救助  比例 | 应享受  重大疾病  救助金额  （万元） |
| 治疗 总费用 | 其中 | |
| 医保（新农合）  等报销金额 | 个人负担 |
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