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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个人年度医疗费用证明（个人报销情况表）** | | | | | | | | | | | | | |
| **结算时间段：20180101 ---- 20181231** | | | | | | | | | | | | | |
| **序号** | **业务类型** | **就诊医院** | **就医类型** | **开始时间** | **结束时间** | **成员姓名** | **就诊疾病** | **结算时间** | **单据总额** | **统筹支出** | **可补偿金额** | **补偿金额** | **大病可报金额** |
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| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合计 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **制表人: (出具证明单位公章)** | | | | | | | | | | | | | | |