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| **年 月大病医疗救助统计表** | | | | | | | | | | | | |
| 单位盖章 | | | | | | | | | | | | |
| 序号 | 姓名 | 镇（街道） | 地址 | 家庭类型 | 身份证号码 | 医疗总费用 | 自理费用 | 自费费用 | 农医保补偿金额 | 自负金额 | 医疗救助金额 |
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