@Org医院长期护理险费用清单

姓名:@Name 性别:@Sex 年龄:@Age

费用核算时间:自 @sDate 至 @eDate

住院天数:@InHosDays 病案号:@ResNo 住院次数: @InHosCount

楼层:@Floor 房间:@RoomNo 床号:@BedNo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **项目** | **单价** | **单位** | **数量** | **金额** |
|  |  |  |  |  |