**北京市生育保险医疗费用手工报销申报表**

单位名称(公章): 社保登记号:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | | | |  | | | | | | | | | | **性别** | | | |  | | | | | **年龄** | | | | |  | | | | **参保时间** | | | | | 年 月 日 | | | | | | | | | | | | | | |
| **身份证号码** | | | |  |  | |  |  |  |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  | **手册号** | | |  | |  |  | |  | | |  |  |  | |  | |  | |  |  | **S** |
| **就诊医院** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **妊娠起止日期** | | | | | | 年 月 日 **至** 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | **孕周** | |  | | | **胎数** | | | | | |  | | | | **难产** | | | |  | | | |
| **医疗类别**（门诊、住院应分别填写审批表） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 门诊 | | 年 月 日 **至** 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | **报销单据数** | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 住院 | | 年 月 日 **至** 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | **报销单据数** | | | | | | |  | | | | | | **住院天数** | | | | | | |  | | | | | |
| **总金额**（元） | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目类别** | | | **金额**（元） | | | | | | | | **拒付金额\***（元） | | | | | | | | | | **拒付原因\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 西药费 | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 中药费 | | |  | | | | | | | |  | | | | | | | | | |
| 检查费 | | |  | | | | | | | |  | | | | | | | | | |
| 治疗费 | | |  | | | | | | | |  | | | | | | | | | |
| 化验费 | | |  | | | | | | | |  | | | | | | | | | |
| 材料费 | | |  | | | | | | | |  | | | | | | | | | |
| 其他费用 | | |  | | | | | | | |  | | | | | | | | | |
| 合计 | | |  | | | | | | | |  | | | | | | | | | |
| **备注\*** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **付费项目\*** | 产前  检查 | | 1周至12周末 1周至27周末 13周至27周末 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13周至分娩 28周至分娩 妊娠至分娩 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分娩  住院 | | 自然分娩 人工干预分娩 剖宫产不伴其他手术 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 剖宫产伴其他手术 其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 计划  生育 | | 人工流产 高危人工流产 中期引产 取环 放环 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 药物流产 高危药物流产 输精管结扎 输精管药物粘堵 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 输卵管药物粘堵 输卵管结扎 其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **单位经办人员：** **电话：** **申报日期**： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

表格中\*项由医保经办审核人员填写，其他栏目由用人单位填写。

**初审人： 复审人： 审批日期：**  年 月 日