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| 附件2  新增医疗服务项目成本测算表  2.1 新增医疗服务项目成本测算总表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **医疗机构名称（公章）：** | | | | | | |  | |  | | | | |  | | | | |  | | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | |  | | | |  | | | **单位：元** | | | | | | | |
| 项目编码 | 项目名称 | | | 人员经费 | | | | | 卫生材料费 | | | | | | 固定资产  折旧费 | | | | | | | 无形资产  摊销费 | | | | | | | | | | | | 提取医疗风险基金 | | | | | | | | | | 其他费用 | | | | | | | | | | 单位医疗成本 | | | | 应扣减单位财政补助 | | | | | | | | 拟定价格参考成本 | | | | |
| 直接成本 | | 间接成本 | | | 直接成本 | | 间接成本 | | | | 直接成本 | | | 间接成本 | | | | 直接成本 | | | | | | | 间接成本 | | | | | 直接成本 | | | | | 间接成本 | | | | | 直接成本 | | | | 间接成本 | | | | | |
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| **医疗机构领导签字： 填表人： 日期：**  说明：  1.本表医疗服务项目成本应根据中华人民共和国财政部颁布的《医院会计制度》（财会〔2010〕27号）、中华人民共和国财政部和卫生部共同  颁布的《医院财务制度》（财社〔2010〕306号），参考北京市财政局和市卫生计生委共同颁布的《医院成本核算办法》（京财社〔2013〕3号）  和《医院医疗服务项目成本核算办法（2014版）》（京财社〔2014〕1078号）等有关制度形成测算结果。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.本表测算的医疗服务项目成本为制度规定的医疗成本。 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | |  |  | | |
| 3.扣减的财政补助应为财政基本补助在新增医疗服务项目的补偿部分。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | |  |  | | |
| 2.2 新增医疗服务项目人员经费测算明细表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| **医疗机构名称（公章）：** | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | | | |  | | |  | | | | |  | | | |  | | |  | |  | | | |  | | | | | **单位：元** | | | | | | | |
| 直接成本金额 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 间接成本金额 | | | | | | |
| 护士 | | | | | 医技 | | | | | | | 主治及以下医师 | | | | | | | | | | | | 副主任医师 | | | | | | | | | | | | | 主任医师 | | | | | | | | | | | | 其他人员 | | | | | | | | | | **小计** | | | | | |
| 操作人数 | | 操作时间 | 每小时人力成本 | | 操作人数 | | | 操作时间 | | 每小时人力成本 | | 操作人数 | | | | 操作时间 | | | | 每小时人力成本 | | | | 操作人数 | | | 操作时间 | | | | | 每小时人力成本 | | | | | 操作人数 | | | 操作时间 | | | | | 每小时人力成本 | | | | 操作人数 | | | | 操作时间 | | 每小时人力成本 | | | |  | | | | | |  | | | | | | |
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**医疗机构领导签字： 填表人： 日期：**

说明：本表直接成本和间接成本应与总表中“人员经费”对应内容保持一致。

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| 2.3 新增医疗服务项目卫生材料测算明细表 | | | | | | | | | |
| **医疗机构名称（公章）：** | | | |  |  |  |  |  | **单位：元** |
| 直接成本金额 | | | | | | | | | 间接成本金额 |
| 检验试剂 | | | | 内涵耗材 | | |  | **小计** |
| 名称 | 进价 | 每人次用量 | 每人次摊销金额 | 名称 | 进价 | 每人次用量 | 每人次摊销金额 |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **医疗机构领导签字： 填表人： 日期：** | | | | | | | | | |

说明：本表直接成本和间接成本应与总表中“卫生材料费”对应内容保持一致。

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| 2.4 新增医疗服务项目固定资产折旧测算明细表 | | | | | | | |
| **医疗机构名称（公章）：** | | | |  |  |  | **单位：元** |
| 设备直接成本金额 | | | | | | | 间接成本金额 |
| 名称 | 规格/型号 | 原值 | 折旧年限 | 人均占用时间 | 每人次摊销金额 | 小计 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **医疗机构领导签字： 填表人： 日期：** | | | | | | | |

说明：本表直接成本和间接成本应与总表中“固定资产折旧”对应内容保持一致。

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| 2.5 新增医疗服务项目无形资产摊销测算明细表 | | | | | | |
| **医疗机构名称（公章）：** | | | |  |  | **单位：元** |
| 直接成本金额 | | | | | | 间接成本金额 |
| 名称 | 原值 | 摊销年限 | 人均占用时间 | 每人次摊销金额 | 小计 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **医疗机构领导签字： 填表人： 日期：** | | | | | | |

说明：本表直接成本和间接成本应与总表中“无形资产摊销”对应内容保持一致。

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| 2.6 新增医疗服务项目其他费用测算明细表 | | | |
| **医疗机构名称（公章）：** | |  | **单位：元** |
| 直接成本金额 | | | 间接成本金额 |
| 类型 | 每项目单位摊销金额 | 小计 |
| 水电气 |  |  |  |
| 物业费 |  |
| 设备维修（保）费 |  |
| 其他材料和低值易耗品 |  |
| 其他 |  |
| **医疗机构领导签字： 填表人： 日期：** | | | |

说明：本表直接成本和间接成本应与总表中“其他费用”对应内容保持一致。