附件2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 淄博市基本医疗保险其他疾病医疗康复申请表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | | | 性别 | | | |  | | | | | 年龄 | | | |  | | | | 病案号 | | | |  | | | | |
| 身份证号 | | |  |  |  | |  | |  | |  | |  |  | |  | | |  |  | | |  |  | |  |  | | |  |  | |  |
| 疾病诊断 | | |  | | | | | | | | | | | | | | | ICD－10  疾病分类编码 | | | | | | | | | |  | | | | | |
| 医疗康复治疗的理由 |  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | 经治医生（签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 康复机构意见： | | | | | | 医疗康复专家组意见： | | | | | | | | | | | | | | | | 医保经办机构意见： | | | | | | | | | | | |
|  | | （盖章） | | | | （盖章） | | | | | | | | | | | | | | | | （盖章） | | | | | | | | | | | |
| 年 月 日 | | | | 年 月 日 | | | | | | | | | | | | | | | | 年 月 日 | | | | | | | | | | | |
| 填表须知： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、填完此表上报材料时，需同时提供身份证复印件1张及相关病历复印件1份。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2、医疗康复治疗的理由，包括参保人所患疾病病情描述、治疗经过、需要做的康复项目以及预期达到的治疗目的等。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |