|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 全国跨省异地就医预付金额度调整明细表 | | | | | | | | | | | | |
| 制表单位：（国家级经办机构签章） | |  |  |  | 年度： | XXXX年 | |  |  |  | 单位：万元 | |
| **地 区** | | **付 款 省** | | | | | | | | | | |
| 北 京 | 天 津 | 河 北 | 山 西 | 内蒙古 | 辽 宁 | 吉 林 | 黑龙江 | 上 海 | …… | 合计 |
| **收 款 省** | 北 京 | —— |  |  |  |  |  |  |  |  |  |  |
| 天 津 |  | —— |  |  |  |  |  |  |  |  |  |
| 河 北 |  |  | —— |  |  |  |  |  |  |  |  |
| 山 西 |  |  |  | —— |  |  |  |  |  |  |  |
| 内蒙古 |  |  |  |  | —— |  |  |  |  |  |  |
| 辽 宁 |  |  |  |  |  | —— |  |  |  |  |  |
| 吉 林 |  |  |  |  |  |  | —— |  |  |  |  |
| 黑龙江 |  |  |  |  |  |  |  | —— |  |  |  |
| 上 海 |  |  |  |  |  |  |  |  | —— |  |  |
| …… |  |  |  |  |  |  |  |  |  | —— |  |
| 合 计 |  |  |  |  |  |  |  |  |  |  | —— |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 单位负责人： 审核人： 制表人： 制表日期： | | | | | | | | | | | | |