**附件6**

**编号：**

**“福康工程”项目资助表**

**（此表适用于“福康工程”手术康复、假肢矫形器配置）**

患者姓名：

填报机构（定点机构）：

填报日期： 年 月 日

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| 患者基本信息 | | | | | | | | | | | | | | |
| 姓名 | |  | | 性别 | |  | | 民族 | |  | | | 患者照片 | |
| 出生日期 | |  | | 身份证号 | | | |  | | | | |
| 住址 | |  | | | | | | | | | | |
| 个人情况 | | □建档立卡贫困户残疾人 □低保家庭残疾人  □特困人员中的残疾人 | | | | | | | | | | |
| 亲属或监护人姓名 | |  | | | | | | 联系人电话 | |  | | | | |
| 病情诊断 | |  | | | | | | | | | | | | |
| 填报资助 金额 | | 定点机构名称 | | | |  | | | |  | | | |  |
| 医疗费 | | | | | | | | | | | | |
| 手术诊疗 | | 康复 | |  | |  | |  | |  | | 小计 |
|  | |  | |  | |  | |  | |  | |  |
| 假肢矫形器配置费 | | | | | | | | | | | | |
| 假肢 | | 矫形器 | |  | |  | |  | |  | | 小计 |
|  | |  | |  | |  | |  | |  | |  |
| 扣除项目 | | | | | | | | | | | | |
| 医保报销 | | 大病保险 | | 医疗救助 | | 慈善捐助 | | 其他 | |  | | 合计 |
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| 申请“福康工程”资助金额 | | | | | | | | | | | | | | |
| 医疗费 | 假肢矫形器配置费 | |  | |  | |  | |  | | 合计 | | | |
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| 定点机构 意见 | 以上情况属实，同意其申请“福康工程”资助。 |
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| 审批人： |
| （盖章）： |
| 年 月 日 |
| 省级民政部门意见 |  |
|
| 审批人： |
| （盖章） |
| 年 月 日 |
| 备注 |  |

**附：**1.患者医疗费、康复辅助器具配置费等票据;2.患者诊疗记录（包括住院病历等）、假肢矫形器配置档案等；3.患者接受手术和假肢矫形器配置前后对比照片。

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| **1.医疗费、康复辅助器具配置费等票据粘贴处** | | | | | | | |
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| **2.患者诊疗记录（包括住院病历等）、假肢矫形器配置档案等粘贴处** | | | | | | | |
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| **3.患者接受手术和假肢矫形器配置前后对比照片粘贴处** | | | | | | | |
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