附件4：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **黔南州医疗保险门诊特殊疾病缺药外购申请表** | | | | | | | | | |
| 参保县(市)： 编码： | | | | | | | | | |
| **姓 名** |  | **性别** |  | **年龄** |  | **科别** |  | **门诊号** |  |
| **身份证号码** | |  | | | | **医保卡号 或个人编号** | |  | |
| **门诊**特殊疾病病种 | |  | | | | | **联系电话** | |  |
| **外购药品名称、规格、剂量、药量及用法：** | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **门诊专科医生：** | | |  | **年 月 日** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **定点医院药房意见：（缺药原因）** | | | |  | |  |  |  | **（盖章）** | | |  | | **签名： 年 月 日** | | | | | | | | | | | | |
| **医保管理部门审批意见：** | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | （盖 章） | |
|  |  |  |  | | **签名：** |  |  | **年 月 日** | |
| **备注：** | |  |  |  |  |  |  |  |  |
| **一、审批权限：填报《黔南州医疗保险门诊特殊疾病外出缺药外购申请表》到参保地医保管理部门办理备案登记。** | | | | | | | | | |
| **二、提供下列材料到参保地医保管理部门报销：①《黔南州门诊特殊疾病缺药外购申请审批表》；②有效发票原件及复印件；③如果发票未显示明细项目，须提供明细清单并盖章；④居民身份证复印件；⑤提供银行账户和联系方式。** | | | | | | | | | |