**附件1**

**定点医疗机构申请表**

**申请单位:**

**申请时间:**

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| **医疗机构名称** | |  | | | | | | | |
| **法定代表人** | |  | | **机构类别** | | | |  | |
| **所有制形式** | |  | | **注册资金** | | | |  | |
| **医院等级** | |  | | **营业面积** | | | |  | |
| **单位住所地** | |  | | | | | | | |
| **申请门诊服务□** | | **申请住院服务□** | | | | **补充科室服务□** | | | |
| **申请康复服务□** | | **申请生育服务□** | | | | **申请体检服务□** | | | |
| **联系人** | |  | | | **联系电话** | |  | | |
| **医保管理部门** | |  | | | | | | | |
| **卫生技术人员构成** | **员工类别** | **总人数** | **高级职称** | | | | **中级职称** | | **初级职称** |
| **医生** |  |  | | | |  | |  |
| **护士** |  |  | | | |  | |  |
| **医技人员** |  |  | | | |  | |  |
| **其他人员** |  |  | | | |  | |  |
| **合计** |  |  | | | |  | |  |
| **近三**  **个月**  **业务**  **收支**  **情况** | **门诊人次** |  | **次均门诊医疗费** | | | |  | | |
| **住院人次** |  | **平均住院日** | | | |  | | |
| **人均住院费** |  | **人均日住院费** | | | |  | | |
| **业务收入** |  | **业务支出** | | | |  | | |
| **类别** | | **总数** | | | | | | | |
| **药品** | |  | | | | | | | |
| **医用耗材** | |  | | | | | | | |
| **服务项目** | |  | | | | | | | |

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| **科室设置情况** | **科室** | **床位数** | **科室** | | **床位数** | | **科室** | | **座位数** |
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| **大型医疗设备清单** | **科室** | **设备名称** | | **适应症** | | **单项次收费** | | **备注** | |
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**注:大型医疗设备是指单项次收费在100元以上的设备。**

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| **申请内容及承诺** | **(医疗机构基本情况、特色及承诺)**  **(申请单位印章)**  **法定代表人:(签字)年月日** |

**填写说明:1.本表要求字迹工整,内容真实。**

**2.“医保管理部门”一栏是指医疗机构负责医疗保障服务管理的部门。**

**3.“申请内容及承诺”一栏填写申请机构的基本情况、特色。承诺包含单位基本情况、申报材料的真实性,是否存在行政处罚、医疗(药事)事故,法定代表人、主要负责人或实际控制人是否被列入失信人名单等内容。**

**附件2**

**定点零售药店申请表**

**申请单位:****申请时间:**

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| **药店名称** | |  | | | | |
| **营业执照号** | |  | | **法定代表人** |  | |
| **所有制形式** | |  | | **所在辖区** |  | |
| **企业负责人** | |  | | **质量负责人** |  | |
| **药店营业地址** | |  | | | **营业面积** |  |
| **联系人** | |  | | **联系电话** |  | |
| **药品经营许可证号** | | |  | | | |
| **药店开户名称** | | |  | | | |
| **药店开户行** | | |  | | | |
| **药店开户账号** | | |  | | | |
| **人员构成** | **注册执业药师** | | **姓名:**  **注册地:** | | | |
| **收银员** | | **姓名:** | | | |
| **营业员及其他人员数** | |  | | | |
| **合计人数** | |  | | | |
| **药品数量** | **类别** | | **总数** | | | |
| **药品** | |  | | | |
| **医用耗材** | |  | | | |
| **医疗器械** | |  | | | |

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| **近三个月销售情况** | **月份** | **药品、医用耗材、医疗器械** | | **其他销售种类** | |
| **品种** | **金额** | **品种** | **金额** |
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| **申请内容及承诺** | **(零售药店基本情况、承诺)**  **(申请单位印章)**  **法定代表人:(签字)年月日** | | | | |

**填表说明:承诺包含申报单位基本情况、申请材料的真实性,是否存在行政处罚和行业违规行为,法定代表人、主要负责人或实际控制人是否被列入失信人名单等内容。**

**附件3**

**医疗机构员工花名册**

**填报单位:(盖章)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **身份证号码** | **专业** | **执业证书编码** | **职称** | **备注** |
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**注:医疗机构的法定代表人、主要负责人或实际控制人在备注栏注明。**

**零售药店员工花名册**

**填报单位:(盖章)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **性别** | **身份证号码** | **职务** | **是否执**  **业药师** | **执业药师注册编号** | **劳动合**  **同期限** | **备注** |
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**注:零售药店的法定代表人、主要负责人或实际控制人在职务栏标注。**

**药品进销存台账**

**填报单位:(盖章)统计时间:年月日—年月日**

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| **序号** | **药品通用名** | **药品商品名** | **剂型** | **规格** | **生产企业** | **库存**  **数量** | **购进**  **数量** | **进价** | **销售**  **数量** | **售价** | **盘存**  **数量** |
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**注:表中售价为医药机构的实际零售价格,库存为自统计日起前3个月的库存数量,购进为统计区间内近3个月的购进数量,销售为统计区间内近3个月的销售数量,库存数量十购进数量—销售数量=盘存数量。**

**医用耗材进销存台账**

**填报单位:(盖章)统计时间:年月日—年月日**

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| **序号** | **名称** | **规格** | **生产企业** | **库存**  **数量** | **购进**  **数量** | **进价** | **销售**  **数量** | **售价** | **盘存**  **数量** |
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**注:表中售价为医疗机构的实际零售价格,库存数量为统计日期初始日数量,购进为统计区间内**

**的购进数量,销售为统计区间内的销售数量,库存数量十购进数量—销售数量=盘存数量。**

**零售药店医疗器械进销存台账**

**填报单位:(盖章)统计时间:年月日—年月日**

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| **序号** | **名称** | **规格** | **生产企业** | **库存**  **数量** | **购进**  **数量** | **进价** | **销售**  **数量** | **售价** | **盘存**  **数量** |
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**注:表中售价为零售药店的实际零售价格,库存数量为统计日期初始日数量,购进为统计区间内**

**的购进数量,销售为统计区间内的销售数量,库存数量十购进数量—销售数量=盘存数量。**