附件3

丰都县低收入人口高额医疗费用“一事一议”救助人员明细表

（    年   月）

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 镇（街道） | 姓名 | 身份证号码 | 医疗费用起止时间 | 救助金额（元） |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |