**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 |
|  |  |  |  |  |  |  |
| 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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