附件4

合肥市基本医疗保险门诊慢性病申请表

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| 参保类别（□城镇职工医保、□城乡居民医保） | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 姓名 |  | | | | | | | | 性别 | |  | 年龄 | |  | 身份证号 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 社保卡号 |  |  |  |  |  |  |  |  |  | 是否退休 | | | |  | 联系电话 |  | | | | | | | | | | | | | | | | | | |
| 申请定点服务机构 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请  病种 | 1□高血压病（Ⅱ、Ⅲ）2□冠心病3□心功能不全4□脑出血（脑梗死）5□原发性肺动脉高压6□慢性阻塞性肺疾病7□支气管哮喘8□溃疡性结肠炎9□克罗恩病10□肝硬化11□慢性乙型病毒性肝炎12□慢性丙型病毒性肝炎13□自身免疫性肝病14□糖尿病15□甲状腺功能亢进16□ 甲状腺功能减退17□慢性肾脏病18□肾病综合征19□癫痫20□帕金森病21□老年痴呆22□精神障碍23□类风湿性关节炎24□强直性脊柱炎25□重症肌无力26□白塞氏病27□系统性硬化病28□肌萎缩29□弥漫性结缔组织病30□银屑病31□白癜风32□结核病33□艾滋病机会感染34□免疫性血小板减少性紫癜35□晚期血吸虫病36□小儿脑瘫37□再生障碍性贫血38□白血病39□血友病40□恶性肿瘤（术后、内分泌治疗、放化疗、靶向治疗）41□肾透析42□器官移植术后43□肝豆状核变性44□系统性红斑狼疮45□心脏瓣膜置换术46□血管支架植入术后47□淋巴瘤48□多发性骨髓瘤49□骨髓增生异常综合征50□骨髓增生性疾病51□心脏冠脉搭桥术后52□心脏起搏器植入术后53□运动神经元病54□多发性硬化55□儿童遗传代谢疾病56□小胖威利症57□湿性年龄相关性黄斑病变 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专家  鉴定  意见 | □符合条件，同意准入  □不符合准入条件 | | | | | | | | | | | | 使用的主要药品： | | | | | | | | 待遇享受期限：  □ 年 个月  □长期 | | | | | | | | | | | | | |
| 专家签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医保机构复核意见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |