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| 2024年度困难职工大病救助申请汇总表 | | | | | | | | | | | | | | | | | | |
| 日期： | | | | | | | | | | | | | | | | | | |
| 序号 | 地区系统 | 申请人姓 名 | 困难类别 | 性别 | 身份证号 | 农商银行 卡号 | 工作单位 | 患者 姓名 | 身份证号 | 患者与申请人的关系 | 患何种大病 | 2023年10月至2024年9月患者医疗费用支出（元） | | 2023年10月至2024年9月家庭医疗费用总支出（元） | | 详细住址 | 联系  电话 | 备注 |
| 总额 | 自费 金额 | 总额 | 自费 金额 |
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