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| 附件3  疾病应急救助基金申请表（单位） | | | | | | | | | | | |
| 申报单位（公章）： | | | | | 填写时间： | | | | | | |
| 患者  姓名 | 年龄 | 性别 | 诊断 | 救助医疗机构 | | 救助类别 | | 患者总费用（元） | 已支付费用（元） | 申请基金支付费用（元） | 备注 |
| 身份不明 | 无力支付 |
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