附件2

**甘肃省省直医疗保险特殊疾病门诊药品清单**

姓名： 性别： 认定病种： 定点医院：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 日期 | 药品名称（通用名） | 规格 | 单位 | 数量 | 单价 | 合计金额 | 药品分类（本人不填） |
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| 合计 |  |  |  |  |  |  |  |

备注：1.治疗使用药品必须按处方医嘱时间顺序排列；

 2.药品分类指（疾病医疗保险药品目录）中的甲类药品，乙类药品及目录外的自费药品，由定点医疗机构保险部门负责填写，本人不填，非对症治疗药的要特别注明。