**南京信息工程大学爱心医疗互助基金申请表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **申请人**  **姓名** |  | **性别** |  | **年龄** |  | | | **单位** |  |
| **工号** |  | **联系人**  **电话** |  | | | | | **交表**  **时间** |  |
| **病因** |  | **在职/**  **离退休** |  | **申请人填写** | **票据** | | **张数** | |  |
| **金额** | |  |
| **报销审核金额** | | | |  |
| **治疗**  **医院** |  |
| **曾经获**  **基金补**  **助情况** | **时间** | **金额** | | **自费总额** | | | |  |
|  |  | |
|  |  | | **审核组填写** | **扣除金额** | | | |  |
|  |  | |
|  |  | | **可补助金额** | | | |  |
|  |  | |
| **提供的**  **材料及**  **份数**  **（ ）份** |  | | | | | | | | |
| **材料**  **情况**  **说明** |  | | | | | | | | |
| **收件人**  **签字** |  | | | **申请人**  **(或亲属)签字** | |  | | | |
| **综合门诊部审核意见** | **门诊盖章**  **所长签字:** | | | | | | | | |
| **审核小组意见** | **审核小组成员签字:** | | | | | | | | |