附件6

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| 新增医疗服务价格项目监测表 | | | | | | | | | | | | | | | | | | | | |
| **医疗机构名称（加盖公章）：** | | | | | |  | | | |  | | | |  |  | |  | | |  |
| **序号** | **医疗机构名称** | **项目编码** | **项目名称** | **项目价格（元）** | **计价单位** | **诊疗人次（例）** | | | | **医疗收入（万元）** | | | | **患者主要来源** | | | | | | **存在的问题** |
| **门（急）诊** | | **住院** | | **门（急）诊** | | **住院** | | **本地人次（例）** | | | | **外地人次（例）** | |
| **当期数** | **累计数** | **当期数** | **累计数** | **当期数** | **累计数** | **当期数** | **累计数** | **当期数** | | **累计数** | | **当期数** | **累计数** |
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| 合计 |  | | | | |  |  |  |  |  |  |  |  |  | |  | |  |  |  |
| **填表人： 联系电话： 日期：** | | | | | | | | | | | | | | | | | | | | |
| **累计数是指医疗机构开展的该项目，自立项以来累计到当年6月30日或12月31日的数。** | | | | | | | | | | | | | | | | | | | | |