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| 附件2  广西公立医疗机构新增医疗服务项目价格信息存档表 | | | | | | | | | | | | | |  | |  | | | | | |  | | | |  | | | |  | | | | |
| **医疗机构（公章）：** |  |  |  | | | |  | |  |  |  |
| **日期：** | **单位：元** | | | | | | |  | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **1．项目编码** |  | | | **2．项目名称** |  | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **3．项目内涵** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **4．内涵一次性耗材** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **5．除外内容** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **6. 基本人力消耗及耗时** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **7．计价单位** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **8．医院制定价格（含除外内容价格）** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **9．计价说明** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **项目临床意义** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **项目操作规范依据** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **与同类项目比较优/缺点** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **是否符合《医疗技术临床应用管理办法》规定** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **是否符合医疗技术先进性、经济合理性** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **是否经国家或自治区卫生健康部门备案或准入** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **外省（自治区、直辖市）是否已开展（是/否）** |  | | | | | | | | | | | | |  | | | | | | |  | | | |  | | | |  | | | |  |  | |  | |
| **现行最低价格省（自治区、直辖市）** |  | | | **现行最低价格** | |  | | | | | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | | |  | |  | |  |
| 院长：分管院领导：财务负责人：临床科室负责人：经办人： | | | | | | | | | | | | |  | |  | |  | |  |  | | | |  | | | |  | | | |  | | | | | | | |  | | |  |  |  |
| 说明：1.此表为现行医疗服务项目以外的新增医疗服务项目价格存档表；  2.本表中1-9项要素，应按现行医疗服务项目价格规范口径填写，该项目应是无歧义、唯一  的项目；  3.本表由三级甲等公立医疗机构自行开展新增医疗服务项目时填写，经医疗机构主要负责人  签字确认后由医疗机构存档备查。 | | | | | | | | | | | | | | | | | | |  |  | | | |  | | | |  | | | |  | | | | | | | |  | | |  |  |  |