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| 附件3 | | | |  |  |  |  |  |  |
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| 河南省定点医疗机构结余留用资金结算表 | | | | | | | | | |
| （定点医疗机构） | | | |  | 结算年度：XX年 | | | | 单位：元（保留两位小数） |
| 序号 | 集采批次 | 合同周期  起止时间 | 集采药品通用名 | 剂型 | 约定采购量  （片、支） | 医保资金预算 | 结余测算基数 | 综合考核得分 | 结算结余留用资金 |
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| 合计 | | | | |  |  |  |  |  |
| 制表人： |  | 核对人： |  | 负责人： | |  |  |  |  |
|  |  | | | 制表单位（医保经办机构盖章）： | | | |  |  |