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| 附件1 | |  |  |  |  |  |  |  |  |  | |  |
| 新增医疗服务价格项目明细表 | | | | | | | | | | | | |
| 申报单位（公章）： | | | | | 填报时间： | | 年 月 日 | | | 金额单位：元 | | |
| 序号 | 申报医院 | 项目编码 | 项目名称 | 计价单位 | 项目内涵 | 除外内容 | 说明 | 项目成本 | 申报价格 | | 备注 | |
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| 注：项目编码共 9 位阿拉伯数字，填到前六位止，最后三位用“XXX”代替。如拟在“医技诊疗类”的“心肌疾病的实验诊断中增加一个新项目，则其“编码”填为“250306XXX”。 | | | | | | | | | | | | |