|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 重庆市职工生育保险个人费用结算单 | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | |  | |  | | |  | | | | | | | | |  | | 单位：天、元 | | | |
| 参保职工姓名 | | |  | | 身份证号码 | | |  | | | | 就医医院 | | | | |  | | 医院级别 | | |  |
| 年龄 | | |  | | 就医证明号码 | | |  | | | | 入院日期 | | | | |  | | 出院日期 | | |  |
| 性别 | | |  | | 单位代码 | | |  | | | | 单位名称 | | | | |  | | 单位参保日期 | | |  |
| 委托人姓名 | | |  | | 委托人身份证号码 | | |  | | | | 职工上年度月平均工资 | | | | |  | | 联系电话 | | |  |
| 生育或终止妊娠医疗费用审核支付 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | 总费用 | | 药品费 | | | 诊疗费 | | 服务设施费 | | | | 个人自负 | | 审核支付 |
| 产前检查费 | | | | | | | | |  | |  | | |  | |  | | | |  | |  |
| 终止妊娠医疗费 | | 4月以下流产（） | | | | | | |  | |  | | |  | |  | | | |  | |  |
| 4月以上7月以下流/引产（） | | | | | | |  | |  | | |  | |  | | | |  | |  |
| 7月以上引产（ ） | | | | | | |  | |  | | |  | |  | | | |  | |  |
| 生育医疗费 | | 顺产（ ） | | | | | | |  | |  | | |  | |  | | | |  | |  |
| 难产（ ） | | | | | | |  | |  | | |  | |  | | | |  | |  |
| 剖宫产（） | | | | | | |  | |  | | |  | |  | | | |  | |  |
| 生育并发症医疗费 | | | | | | | | |  | |  | | |  | |  | | | |  | |  |
| 合计 | | | | | | | | |  | |  | | |  | |  | | | |  | |  |
| 生育生活津贴支付 | | | | | | | | | | | | | | | | | | | | | | |
| 就医 | | | | 普通生育 | | 晚育 | 多[N]胎生育 | | | 难产 | | | | | 4月以下流产 | | | 宫外孕 | | | 4月以上流/引产 | |
| 98天 | | +30天 | +（N\*15天） | | | +15天 | | | | | 15天 | | | 30天 | | | 42天 | |
| 产假天数计算 | | | |  | |  |  | | |  | | | | |  | | |  | | |  | |
| 合计产假天数 | | | |  | | | | | | 实际产假天数 | | | | |  | | | | | | | |
| 生育生活津贴支付额 | | | |  | | | | | | | | | | | | | | | | | | |
| 合计支付金额 | | | | | | | 单位开户银行名称: | | | | | |  | | | | 社保经办人：（章） | | | | |  |
| 小写： |  | | | |  | | 银行账号: | | | | | | | | | | 部门负责人：（章） | | | | |  |
| 大写： |  | | | | | | 户名: | | | | | |  | | | |  | | | 社保经办机构：（章） | | |
|  |  | | | |  | | 参保职工(或委托人）：（单位公章） | | | | | | | | | |  | | |  | |  |
|  | | | | | | | 年 | | | | | | 月 日 | | | |  | | | 年 月 日 | | |
| 备注：1、此表由参保职工（或委托代理人）在生育或终止妊娠后一次性填报以申请费用结算；2、此表一式两份，一份由经办机构业务部门留存，一份交经办机构支付部门支付；3、生育或终止妊娠医疗类别选择时在相应（）用 “√”表示；4、增加享受产假天数其中的几种情况并存时可多项选择，应增加天数累加计算；5、基本信息和生育或终止妊娠医疗费用审核支付栏中的“总费用”栏由参保职工（或委托代理人）填写。 | | | | | | | | | | | | | | | | | | | | | | |