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| 编码[YZFY/BD/ZBB-16-A/0]  **医用耗材申请单**  申请科室： 申请日期：   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 产品名称 |  | | | 规格型号 | |  | | 参考价格 |  | | 使用科室  推荐  厂家 | 1. |  | | | | | | | | | 2. |  | | | | | | | | | 3. |  | | | | | | | | | 申请理由 | 详细描述：1.产品替代理由(科研、新材料/新技术、价格优势、收费原因、其他)；2.详细用途；3.其他。具体说明： | | | | | | | | | | 科室核心医疗组(三人)签字： | | | | | | | | | | | 收费情况 | 是否独立收费 | | | | □否 □是  (如是可独立收费项目，需详细填写以下物价依据，否则 不予审批) | | | | | | 医用耗材对应【手术/治疗/ 检查等】物价收费项目 | | | |  | | | | | | 对应物价项目收费标准： 物价收费编码： | | | | | | | | | | 医保科  审核意见 | | □可单独收费  □不可单独收费，纳入科室成本  (此项由医保科填写) | | | | 签 名 ： | | | | 经医保科审核为非单独收费项目，科室是否申请采购：□否□是  申请科室签名 | | | | | | | | | |