黄山市城乡居民基本医疗保险常见（特殊）慢性病申请表

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| 姓名 | |  | | | | | | | 性别 | | |  | | | | | | | | 年龄 | | | | |  | | | | | | | | | | | 照片 | | | | | | | | |
| 身份证号 | |  |  |  |  |  |  |  | |  |  | |  | | |  | |  |  | | |  | |  | | | |  | | |  | | |  | |
| 参保地 | |  | | | | | | | 联系电话 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 申  请病  种 | 常见慢性病病种 | □高血压（Ⅱ、Ⅲ级） □慢性心功能不全 □冠心病 □脑出血及脑梗死（恢复期）  □慢性阻塞性肺疾病 □溃疡性结肠炎和克罗恩病 □慢性活动性肝炎 □慢性肾炎  □糖尿病 □甲状腺功能亢进 □甲状腺功能减退 □癫痫 □帕金森病  □风湿（类风湿）性关节炎 □重症肌无力 □结核病  □特发性血小板减少性紫癜 □硬皮病 □晚期血吸虫病 □银屑病 □白癜风 □艾滋病机会性感染 □白塞氏病 □强直性脊柱炎  □肌萎缩 □支气管哮喘 □精神障碍（非重性） □肾病综合征  □弥漫性结缔组织病 □脑性瘫痪（小于7岁） □慢性肺源性心脏病  □风湿性心脏病 □慢性肾盂肾炎 □女性双侧卵巢切除术后 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特殊慢性病病种 | □再生障碍性贫血 □白血病 □精神障碍（重型） □淋巴瘤  □恶性肿瘤（放化疗）□慢性肾衰竭（尿毒症期） □肝硬化（失代偿期） □骨髓瘤  □器官移植术后（抗排异治疗） □血友病 □心脏瓣膜置换术后  □血管支架植入术后 □肝豆状核变性 □系统性红斑狼疮 □骨髓增生异常综合征  □心脏冠脉搭桥术后（抗排异治疗） □心脏起搏器置入术后（抗排异治疗） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请时间： | | | | | | | | | | | | | | | | | 申请人（签名）： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专家鉴定意见 | | 专家签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医保经办机构审批意见 | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |