附件3

职工大病关爱行动拟帮扶对象实名制汇总表

填报单位：（公章） 填报时间：

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| 序号 | 姓 名 | 身份证 | 职工单位 | 疾病病种 | 前十二个月医疗互助已补助金额 | 前十二个月个人自付治疗费用金额 | 拟帮扶金额 |
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