附件4

宜昌市慈善总会因疫致困群众医疗救助申报表

填报单位(公章)： 填报日期： 年 月 日

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| 序号 | 姓名 | 性别 | 身份证号 | 家庭地址 | 家庭情况及病种 | 自费金额（元） | 拟救助金额（元） | 联系电话 | 银行卡信息 | 备注 |
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| 合计： | | | | | |  |  |  | | |