**中国海洋大学退休教职工医疗补助金申请核算表**

**编号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本信息（一）** | | | | | | | | | | | | | | | |
| 工资号 |  | | | 姓名 |  | | | | | 性别 | | |  | 出生年月 |  |
| 身份证号 |  | | | | | | 原退休单位 | | |  | | | | | |
| 联系电话 | 1. 2. 3. | | | | | | | | | | | | | | |
| 住址 |  | | | | | | | | | | | | | | |
| **基本病情及有关证明材料（二）** | | | | | | | | | | | | | | | |
| 患病情况 | | | | | | | | | | | **需携带证明材料** | | | | |
| 该退休教职工自 年 月 日 至 年 月 日  因  在 （医院）接受治疗 | | | | | | | | | | | **1.身份证、社保卡复印件各一份** | | | | |
| 1. **医院结算单、发票原件及复印件各一份** | | | | |
| 备注： | | | | | | | | | | | | | | | |
| **给付计算与金额（三）（以下由工作人员填写）** | | | | | | | | | | | | | | | |
| 个人负担合计 | |  | 备 注 | |  | | | | | | | | | | |
| 计算公式 | | 序号 | 补助基数 | | | | | 补助比例 | | | | 补助公式 | | | |
| 1 | 住院起付线（首次补助） | | | | |  | | | | 150 | | | |
| 2 |  | | | | | 75% | | | |  | | | |
| 3 |  | | | | | 60% | | | |  | | | |
| 实付金额 | |  | | | | | | | | | | | | | |
| 核算人 | |  | | | | 审核人 | | |  | | | | | | |

咨询电话：82032201。