附件2

定点医药机构相关人员登记备案表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 医保代码 | |  | | | |
| 身份证件号码 |  | | | | | | | | |
| 出生日期 | 年 月 | 性 别 | | □男 □女 | | 联系电话 | | |  |
| 医药机构名称 |  | | | | | | | | |
| 医药机构代码 |  | | | | | | | | |
| 医保区划 |  | 执业类型 | |  | 执业类别 | | |  | |
| 执业范围 |  | | 专业技术职务 | | | |  | | |
| 登记备案状态 | □正常 □暂停 □终止 | | | | | | | | |
| 服务承诺 | 签订定点医药机构相关人员承诺书 □是□否 | | | | | | | | |