附件

**低收入妇女“两癌”救助项目救助对象情况汇总表**

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| **序号** | **所属市县** | **个人信息** | | | **患病情况** | | **治疗费用情况** | | **家庭经济状况** |
| **姓名** | **身份证号码** | **联系电话** | **患病名称及程度** | **确诊医院** | **实际治疗总费用（元）** | **报销金额（元）** | **人员类型** |
| 1 | 新郑市 | 乔某某 | 412\*\*\*\*\*\*\*\*\*\*\*\*865 | 152\*\*\*\*\*671 | 乳腺浸润性癌 | 新郑市公立人民医院 | 50970 | 35290 | 低保对象 |
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