附件2

上饶市打击欺诈骗取医疗保障基金行为  
举报奖励审批表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 举报人姓名/单位名称 |  | 身份证号/统一社会信用代码 | |  | | 举报时间 |  | | 联系电话 |  | | 举报事项 |  | | 举报案件  查实金额 |  | | 举报奖励金额 | 大写: 小写:¥ | | | | | 医疗保障局  案件承办单位意见 |  | | | | | 财务部门意见 |  | | | | | 医疗保障局分管领导意见 |  | | | | | 医疗保障局  主要领导意见 |  | | | | | 备 注 |  | | | | |

年 月 日