附件2

定点医疗机构自查台账

**填报单位：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **违规行为** | | **违规内容** | **违规例（次）数** | **违规金额（万元）** | **整改落实** | **备注** |
| 1 | 超标准收费 | |  |  |  |  |  |
| 2 | 重复收费 | |  |  |  |  |  |
| 3 | 分解收费 | |  |  |  |  |  |
| 4 | 串换项目收费 | |  |  |  |  |  |
| 5 | 虚增医疗服务 | |  |  |  |  |  |
| 6 | 伪造医疗文书票据 | |  |  |  |  |  |
| 7 | 超医保支付范围（限定）结算 | |  |  |  |  |  |
| 8 | 挂床住院 | |  |  |  |  |  |
| 9 | 诱导住院 | |  |  |  |  |  |
| 10 | 不合理住院 | |  |  |  |  |  |
| 11 | 不合理诊疗 | |  |  |  |  |  |
| 12 | 其他违规违纪违法行为 | |  |  |  |  |  |
| 填表人： | |  | 联系电话： 日期： |  | 审核人： |  |  |