附件4

龙山县医保经办乡镇（街道）办件信息登记表

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| **乡镇（街道）名称： 填报人： 联系电话： 填报时间： 年 月 日** | | | | | | | | |
| **办理事项名称** | **申请人姓名** | **联系电话** | **身份证件号码** | **地址** | **办理时间** | **办理人** | **办理结果** | **备注** |
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