|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 郑州市中心医院高新院区体检科体检退费单 就诊号： 体检号： 患者姓名：  科室：体检科 医保计划：自费   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 退费原因 | 拒检 | | | | | |  | 原记账日期 | 流水号 | 项目 | 数量 | 金额 | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | «TableStart:RebackTradInfo» |  | 体检项目 | 1 | «TableEnd:RebackTradInfo» | | 体检项目 |  | | | | | 退费总金额合记： | | | |  | | | | | |   以上费用请办理退费  请携带原始缴费单据到收费处办理退费  申请医师：  «YYYY»年 «MM» 月 «DD» 日 |