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| 异地就医直接结算责任书落实工作联系表 | | | | | | | | | |
| 报送单位（盖章）： | | | | | | | | | |
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| 分管领导 | 联系电话 | 部门（科室）及负责人 | | | 联 系 人 | | | | |
| 部门（科室） 名 称 | 姓 名 | 联系电话 | 姓 名 | 联系电话 | 手机号码 | 传真号码 | 电子邮箱 |
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