附件

城乡居民基本医疗保险参保花名册

填报单位：（盖章）

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| 序号 | 证件类型 | 公民身份证号码 | 姓名 | 性别 | 户口详细地址 | 户口性质 | 常住地地址 | 联系人 | 联系电话 | 特殊人员类型 | 脱贫年度 | 认定时间（格式：2020-03） |
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