附件6

正阳县2023年城乡居民基本医疗保险费征缴登记表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **乡镇** | **村别** | **组别** | **姓名** | **身份证号码** | **身份证号码验证** | **缴费金额** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |