附件四

新增医疗服务价格项目监测表

医疗机构（盖章）： 填报人： 联系电话：

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| 项目编码 | 项目名称 | 计价单位 | 试行价格（元） | 业务量（试行期开始累计数量 ） | 试行价格开始执行日期 |
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