附件3

工伤保险省内异地就医直接结算

协议机构信息表

填报地区：

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| 序号 | 协议机构  名称 | 协议机构类型 | 医疗等级 | 协议机构地址 | 联系人 | 联系  电话 | 所在地经办  机构名称 |
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填报日期：