全民健康保險特約醫事服務機構**變更**費用劃撥帳號資料或印鑑卡

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 醫事服務 機構名稱 |  | 醫院診所 | 代號 |  |  |  |  |  |  |  |  |  |  | 申請日期 | 年 月 日 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事項  注意 | | 1.特約醫事服務機構應以其開業執照名稱及負責人姓名，在以下指定金融機構設立存款帳戶或郵政劃撥帳戶；如以負責人名義或其它名稱設立之帳戶則不予受理。  2.請檢附存摺封面影本。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 負責醫事人員姓名 | | | |  | | | | | | 所得單位扣繳統一編號 | | | | | | | | | | | | |  | |  | |  | |  | |  | | |  | |  | | |  |
| ︹ 原 ︺ 約 定 帳 號 | 往來金融機構 | | 總機構 名稱 | |  | | | | | | | | | | | | | | | | 指定金融 機構代號 | | | | | | |  | | | | |  | | | |  | | |
| 分支機構 名稱 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 戶名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 帳 號  (請靠右填寫左邊補零) | | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | | | |  | |  | | |  | | |  | |
| 變更後帳號 | 往來金融機構 | | 總機構 名稱 | |  | | | | | | | | | | | | | | | | 指定金融 機構代號 | | | | | | |  | | | | |  | | | |  | | |
| 分支機構 名稱 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 戶名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 帳 號  (請靠右填寫左邊補零) | | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | | | |  | |  | | |  | | |  | |
| 委託金融機構名稱：  004台灣銀行 005台灣土地銀行 006合作金庫銀行 007第一商業銀行  008華南商業銀行 009彰化商業銀行 012臺北富邦銀行 016 高雄銀行  017兆豐國際商業銀行 050台灣中小企業銀行 700郵政儲金匯業局 808玉山商業銀行  812台新國際商業銀行 816安泰商業銀行 822中國信託商業銀行 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
|  | 特約醫事服務機構合約印鑑 | 負責醫事人員印鑑 |
| 用印處 | 用印處 |

**全民健康保險特約醫事服務機構合約書印鑑卡**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 醫事服務機構代號 | |  |  |  |  |  |  |  |  |  |  |
| 醫事服務機構名稱 | |  | | | | | | | | | |
| 負責人姓名 | |  | | | | | | | | | |
| 印鑑建立/變更日期(免填) | | 年 月 日(免填) | | | | | | | | | |
| 合約書編號(免填) | | No | | | | | | | | | |
| 請  蓋  合  約  書  印  鑑 | 醫事服務機構印鑑章  （大章） | 負責醫事人員印鑑章  （小章） | | | | | | | | | |
|  |  | | | | | | | | | |

表單編號：QR-UK0F-003-F11-A