|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **醫事機構名稱：** | |  | | **聯絡人及電話：** | |  |
| **醫事機構代碼：** | |  | |  | | |
|  | | | | | | |
| **序號** | **藥品健保代碼** | **英文商品名** | **廠商名稱** | **健保價** | **供應價** | **說明** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |

備註：表格填寫後請檢附報價單或採購收據E-mail：[A111454@nhi.gov.tw](mailto:A111454@nhi.gov.tw)；或傳真至(02)27027723，再來電告知。

中央健康保險署辦理購藥問題單一窗口：

(02)27065866#3646 邱小姐