**臺北市醫療機構非屬醫療費用備查表**

附表6

108.12.20.版

**醫療機構名稱：**

衛生局核章處

**醫療機構代碼：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 項次 | 機構醫令代碼(無則免填) | 項目名稱 | 單位 | 單價 | 說明 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |