|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2 | | | | | | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
| 欺诈骗保线索办结情况表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | |  | |  | |  | |  | |  |  | |  | |  | |  | | 单位：万元（保留两位小数） | | | | | | | |
| 填报单位： | | | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
| 线索情况 | | | | 处理情况 | | | | | | | | | | | | | | | 反馈情况 | | | | | | | | | |
| 线索编码 | 举报对象 | | | 是否约谈限期整改(是\否) | | 是否暂停协议 (是\否) | | 是否解除协议 (是\否) | | 是否移交司法 (是\否) | | | 拒付金额（万元） | | 追回金额（万元） | | 处罚金额（万元） | | 是否告知举报人处理结果(是\否) | | 举报人是否满意（是\否） | | 奖励金额（万元） | | 奖励依据 | | 备注 | |
| 1 | 2 | | | 3 | | 4 | | 5 | | 6 | | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | |
|  |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |
| 填表人： | |  |  | | 电话： | | | | | | 日期: | | | | | 审核人： | | | |  | |  | |  | |  | |  | |

填写说明：

1、填写医保部门办结完毕的线索信息（移交其他机关的视为办结）。

2、3-6栏目，为必填项目，只填写是或者否。

3、7-9栏目，选填项目，按实际处理情况填写。

4、10-11栏目，如为实名举报人，必填项目，如联系不上，填写否，在备注上填写具体联系情况；如举报人不满意处理结果，在备注上也请填写具体情况。

5、12-13栏目：选填项目。奖励依据详细到奖励文件条款，奖励的计算依据（涉案金额、查处