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| **附件1**    **医疗机构收费行为专项检查自查问题清单** | | | | | |
| **填报单位： 填报时间：** | | | | | |
| **序号** | **自查问题详情** | **整改措施** | **责任人** | **责任科室** | **完成时限** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 填报人： 联系电话： 责任人： | | | | | |