**全民健康保險特約診所基本資料表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 診所名稱 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 代號 | | |  | | |  | | | |  | |  | | |  | | |  | | |  | |  | |  | | |  |
| 開業執照  地 址 | | | 郵遞區號□□□□□ 　　　縣市　　　市鎮鄉區　　　　村里　　　　　　街路　　　　段 巷  弄 號 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 負責醫師 | | |  | | | | | | | | | | | | | | 出生年月 | | | | | | | | 年 月 日 | | | | | | | | | | 最近開業日期 | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | |
| 身分證號 | | |  | | |  | |  | |  | |  |  | | |  | |  | | |  | |  | | | 最近開業執照號碼 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 診 療 科 別 | 01□家庭醫學科 05□婦產科 09□耳鼻喉科 13□精神科 82□放射線科 40□牙科  02□內科 06□骨科 10□眼科 14□復健科 83□病理科 60□中醫  03□外科 07□神經外科 11□皮膚科 15□整形外科 84□核子醫學科  04□小兒科 08□泌尿科 12□神經科 81□麻醉科 00□一般診療 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 醫 事 人 員 數 | A醫師 | | | | | |  | | E藥劑生 | | | | | |  | | | | J醫事檢驗師 | | | | | | | |  | | S醫用放射線技術師（士） | | | | | | | | | | | | | | | | |  | | | | Z營養師 | | | | | | |  | |
| B中醫師 | | | | | |  | | F護理師 | | | | | |  | | | | K醫事檢驗生 | | | | | | | |  | | U物理治療生 | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | |
| C牙醫師 | | | | | |  | | G護士 | | | | | |  | | | | Q物理治療師 | | | | | | | |  | | V職能治療生 | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | |
| D藥師 | | | | | |  | | H助產士 | | | | | |  | | | | R職能治療師 | | | | | | | |  | | W語言治療人員 | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | |
| 診療設備 | 門診手術室 □有 間 □無 | | | | | | | | | | | | | | | | | | | | | | | | | 15血液透析床 □有 床 □無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 產　　　房 □有 間 □無 | | | | | | | | | | | | | | | | | | | | | | | | | 16嬰兒床 □有 床 □無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14觀察床 □有 床 □無 | | | | | | | | | | | | | | | | | | | | | | | | | 委託代檢之合約 □醫事服務機構 □醫事檢驗機構 □無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 醫事人員簡歷 | 類 別 | | | | 姓　名 | | | | | | 出生年月 | | | | 身分證號 | | | | | | | 執業執照號碼 | | | | | | | | | | 專科別 | | | | | | | 專科證書字號 | | | | | | | | | | 專科證書有效起始日 | | | | | | | | | |
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| 一、以上所填各項資料業經本局查核證明屬實。  二、該 □診　　所□負責醫師 □未涉有□涉　有醫療管理相關法規違規情事，目前□已□未結案。  三、該院所違規事實概要：  **縣市（政府）衛生局(請加蓋機關關防及首長簽名章)**  中 華 民 國　　 　年　　 月　 　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他醫療設備 | 01□核磁共振斷層掃瞄儀 | | | | | | | | | | | | | | | | | | | 臺 | | | | 11□正子斷層掃瞄造影設備 | | | | | | | | | | | | | | 臺 | | | | | 60□心導管設備 | | | | | | | | | | | | | 臺 | | |
| 02□電腦斷層攝影掃瞄儀 | | | | | | | | | | | | | | | | | | | 臺 | | | | 51□血液透析機 | | | | | | | | | | | | | | 臺 | | | | | 61□染料鐳射碎石 | | | | | | | | | | | | | 臺 | | |
| 03□放射性同位數治療設備 | | | | | | | | | | | | | | | | | | | 臺 | | | | 52□高壓氧 | | | | | | | | | | | | | | 臺 | | | | | 62□尿流動力學檢查機 | | | | | | | | | | | | | 臺 | | |
| 04□放射性同位數診斷設備 | | | | | | | | | | | | | | | | | | | 臺 | | | | 53□骨質密度測量儀 | | | | | | | | | | | | | | 臺 | | | | | □血管造影設備 | | | | | | | | | | | | | 臺 | | |
| 05□高能遠距放射治療設備 | | | | | | | | | | | | | | | | | | | 臺 | | | | 54□二氧化碳鐳射設備 | | | | | | | | | | | | | | 臺 | | | | | □內視鏡 | | | | | | | | | | | | | 臺 | | |
| 06□高震波碎石裝置 | | | | | | | | | | | | | | | | | | | 臺 | | | | 55□自動生化分析儀 | | | | | | | | | | | | | | 臺 | | | | | □黑白超音波 | | | | | | | | | | | | | 臺 | | |
| 07□準分子雷射血管成型術系統 | | | | | | | | | | | | | | | | | | | 臺 | | | | 56□血管攝影X光機 | | | | | | | | | | | | | | 臺 | | | | | □眼科雷射機 | | | | | | | | | | | | | 臺 | | |
| 08□帕碼司卡特球狀冠狀 | | | | | | | | | | | | | | | | | | | 臺 | | | | 57□乳房X光攝影 | | | | | | | | | | | | | | 臺 | | | | | □心電圖儀 | | | | | | | | | | | | | 臺 | | |
| 09□準分子雷射屈光性角膜切除術設備 | | | | | | | | | | | | | | | | | | | 臺 | | | | 58□冷凍治療機 | | | | | | | | | | | | | | 臺 | | | | | □牙科型X光機 | | | | | | | | | | | | | 臺 | | |
| 10□冠狀動脈旋轉研磨鑽 | | | | | | | | | | | | | | | | | | | 臺 | | | | 59□彩色超音波 | | | | | | | | | | | | | | 臺 | | | | | □高能粒子治療設備 | | | | | | | | | | | | | 臺 | | |
| 醫其事他服基務本機資構料 | | 性 質 | | 1□公立 2□財團法人 3□私立(合夥) 4□私立(獨資) | | | | | | | | | | 單位所得稅 統一編號 | | | | | | | | | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | | | |  | |  | | 本生欄局務查須驗由核衛章 | | |
| 電話及手機號碼 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 傳真號碼 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

表單編號：D06-C02-V1

**全民健康保險特約診所基本資料表**

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| 診所名稱 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 代號 | | |  | | |  | | | |  | |  | | |  | | |  | | |  | |  | |  | | |  |
| 開業執照  地 址 | | | 郵遞區號□□□□□ 　　　 縣市　　　 市鎮鄉區　　　 　村里　　　　　　 街路　　　　 段 巷  弄 號 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 負責醫師 | | |  | | | | | | | | | | | | | | 出生年月 | | | | | | | | 年 月 日 | | | | | | | | | | 最近開業日期 | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | |
| 身分證號 | | |  | | |  | |  | |  | |  |  | | |  | |  | | |  | |  | | | 最近開業執照號碼 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 診 療 科 別 | 01□家庭醫學科 05□婦產科 09□耳鼻喉科 13□精神科 82□放射線科 40□牙科  02□內科 06□骨科 10□眼科 14□復健科 83□病理科 60□中醫  03□外科 07□神經外科 11□皮膚科 15□整形外科 84□核子醫學科  04□小兒科 08□泌尿科 12□神經科 81□麻醉科 00□一般診療 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 醫 事 人 員 數 | A醫師 | | | | | |  | | E藥劑生 | | | | | |  | | | | J醫事檢驗師 | | | | | | | |  | | S醫用放射線技術師（士） | | | | | | | | | | | | | | | | |  | | | | Z營養師 | | | | | | |  | |
| B中醫師 | | | | | |  | | F護理師 | | | | | |  | | | | K醫事檢驗生 | | | | | | | |  | | U物理治療生 | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | |
| C牙醫師 | | | | | |  | | G護士 | | | | | |  | | | | Q物理治療師 | | | | | | | |  | | V職能治療生 | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | |
| D藥師 | | | | | |  | | H助產士 | | | | | |  | | | | R職能治療師 | | | | | | | |  | | W語言治療人員 | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  | |
| 診療設備 | 門診手術室 □有 間 □無 | | | | | | | | | | | | | | | | | | | | | | | | | 15血液透析床 □有 床 □無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 產　　　房 □有 間 □無 | | | | | | | | | | | | | | | | | | | | | | | | | 16嬰兒床 □有 床 □無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14觀察床 □有 床 □無 | | | | | | | | | | | | | | | | | | | | | | | | | 委託代檢之合約 □醫事服務機構 □醫事檢驗機構 □無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 醫事人員簡歷 | 類 別 | | | | 姓　名 | | | | | | 出生年月 | | | | 身分證號 | | | | | | | 執業執照號碼 | | | | | | | | | | 專科別 | | | | | | | 專科證書字號 | | | | | | | | | | 專科證書有效起始日 | | | | | | | | | |
|  | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
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| 一、以上所填各項資料業經本局查核證明屬實。  二、該 □診　　所□負責醫師 □未涉有□涉　有醫療管理相關法規違規情事，目前□已□未結案。  三、該院所違規事實概要：  **縣市（政府）衛生局(請加蓋機關關防及首長簽名章)**  中 華 民 國　　 　年　　 月　 　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他醫療設備 | 01□核磁共振斷層掃瞄儀 | | | | | | | | | | | | | | | | | | | 臺 | | | | 11□正子斷層掃瞄造影設備 | | | | | | | | | | | | | | 臺 | | | | | 60□心導管設備 | | | | | | | | | | | | | 臺 | | |
| 02□電腦斷層攝影掃瞄儀 | | | | | | | | | | | | | | | | | | | 臺 | | | | 51□血液透析機 | | | | | | | | | | | | | | 臺 | | | | | 61□染料鐳射碎石 | | | | | | | | | | | | | 臺 | | |
| 03□放射性同位數治療設備 | | | | | | | | | | | | | | | | | | | 臺 | | | | 52□高壓氧 | | | | | | | | | | | | | | 臺 | | | | | 62□尿流動力學檢查機 | | | | | | | | | | | | | 臺 | | |
| 04□放射性同位數診斷設備 | | | | | | | | | | | | | | | | | | | 臺 | | | | 53□骨質密度測量儀 | | | | | | | | | | | | | | 臺 | | | | | □血管造影設備 | | | | | | | | | | | | | 臺 | | |
| 05□高能遠距放射治療設備 | | | | | | | | | | | | | | | | | | | 臺 | | | | 54□二氧化碳鐳射設備 | | | | | | | | | | | | | | 臺 | | | | | □內視鏡 | | | | | | | | | | | | | 臺 | | |
| 06□高震波碎石裝置 | | | | | | | | | | | | | | | | | | | 臺 | | | | 55□自動生化分析儀 | | | | | | | | | | | | | | 臺 | | | | | □黑白超音波 | | | | | | | | | | | | | 臺 | | |
| 07□準分子雷射血管成型術系統 | | | | | | | | | | | | | | | | | | | 臺 | | | | 56□血管攝影X光機 | | | | | | | | | | | | | | 臺 | | | | | □眼科雷射機 | | | | | | | | | | | | | 臺 | | |
| 08□帕碼司卡特球狀冠狀 | | | | | | | | | | | | | | | | | | | 臺 | | | | 57□乳房X光攝影 | | | | | | | | | | | | | | 臺 | | | | | □心電圖儀 | | | | | | | | | | | | | 臺 | | |
| 09□準分子雷射屈光性角膜切除術設備 | | | | | | | | | | | | | | | | | | | 臺 | | | | 58□冷凍治療機 | | | | | | | | | | | | | | 臺 | | | | | □牙科型X光機 | | | | | | | | | | | | | 臺 | | |
| 10□冠狀動脈旋轉研磨鑽 | | | | | | | | | | | | | | | | | | | 臺 | | | | 59□彩色超音波 | | | | | | | | | | | | | | 臺 | | | | | □高能粒子治療設備 | | | | | | | | | | | | | 臺 | | |
| 醫其事他服基務本機資構料 | | 性 質 | | 1□公立 2□財團法人 3□私立(合夥) 4□私立(獨資) | | | | | | | | | | 單位所得稅 統一編號 | | | | | | | | | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | | | |  | |  | | 本生欄局務查須驗由核衛章 | | |
| 電話及手機號碼 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 傳真號碼 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

表單編號：D06-C02-V1