附件1

河源市城乡居民基本医疗保险参保信息登记表

 县（区） 镇（街道） 村（居）委会

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| 姓名 | 居民身份号码 | 联系电话 | 性别 | 民族 | 户籍地址 | 居住地址 | 户籍性质 |
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