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| **АКТ выверки расходования средств по договору добровольного медицинского страхования,**  **заключенного между ОАО "Славнефть-ЯНОС" и \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **по состоянию на \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Страхователь: | | | | | |  | ОАО "Славнефть-ЯНОС" | | | | | | | | | | |  | | | | | Страховщик: | | | | |  |  | | | | | | | | | |  | | | |
| ИНН: | | | | | | 7601001107 | | | | | | | | | | | |  | | | | ИНН: | | | | |  | | | | | | | | | | |  | | |
| Период: | | | | | | с \_\_\_\_\_\_ по | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| Вх.сальдо: | | | | | |  | | | | | | |  | | | | | | | | | | |
| ОАО "Славнефть-ЯНОС" | | | | | | | | | | | | | Страховщик | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Перечисление, руб. | | | | | | | | | | | | |  | | | Всего оказано и оплачено услуг в отчетном периоде, руб. | | | | | | | | | | | | | | | | | | | | | | | | | |
| № пл/п | | Дата пл/п | | | | | | Сумма, руб. | | | | |  | | | | | | | Направления расходования | | | | | | | | | | | | | | | | | | | | | |
| № п/п | | Основание для списания | | | | | РВД | | Амбулаторное лечение | | | | Стационарное лечение | | | | | | Стоматологическая помощь | Медикаментозное обеспечение | | | | | РВЛ | | | **Итого** |
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| **ИТОГО:** | | | | | | | |  | | | | |  | | | | | | |  | |  | | | |  | | | | | |  |  | | | | |  | | |  |
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| Исх.сальдо: | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Страхователь: | | |  | | | | | | | | |  | | | | | | | | |  | | | Страховщик: | | | | | |  | | | | |  |  | | | | | | |
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