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| --- |
| ***ANNEXE 1*** |
|  |
| Date de transmission : **00/00/0000** |  |  |  |  |  |  |  |  |
| Maximum à facturer – année : **0000** |  |  |  |  |  |  |  |  |
| N° de l’organisme assureur : **000** |  |  |  |  |  |  |  |  |
| Statistiques sur la base des  pseudo-codes de nomenclature |  |  |  |  |  |  |  |  |
| Montants en EUR |  |  |  |  |  |  |  |  |

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| **Remboursement MAF**  **(facturation à 100 % et**  **malades chroniques inclus)** |  |  |  |  |  |  |  |  |  |
| **781955 + 781756** | **781535 + 781550** | **781572 +** | **781896 + 781631** | **781771**  **+**  **781653** | **781793**  **+**  **781675** | **781815**  **+**  **781690** | **781933**  **+**  **781734** | **781911**  **+**  **781712** |
|  | **781594** |
| Montant total des remboursements |  |  |  |  |  |  |  |  |  |
| Nombre de bénéficiaires |  |  |  |  |  |  |  |  |  |
| Nombre de ménages remboursés |  |  |  |  |  |  |  |  |  |

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| **Remboursement MAF – facturation à 100 %** |  |  |  |  |  |  |  |  |  |
| **781756** | **781550** | **781594** |  | **781653** | **781675** | **781690** | **781734** | **781712** |
|  | **781631** |
| Montant total des remboursements |  |  |  |  |  |  |  |  |  |
| Nombre de bénéficiaires |  |  |  |  |  |  |  |  |  |
| Nombre de ménages remboursés |  |  |  |  |  |  |  |  |  |

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| **Remboursement MAF- Malades chroniques** |  |  |  |  |  |  |  |  |
| **781955** | **781535** |  | **781896** | **781771** | **781793** | **781815** | **781911** |
|  | **781572** |
| Montant total des remboursements |  |  |  |  |  |  |  |  |
| Nombre de bénéficiaires |  |  |  |  |  |  |  |  |
| Nombre de ménages remboursés |  |  |  |  |  |  |  |  |