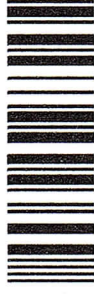


GUIA DE TRATAMENTO ODONTOLÓGICO

2- Nº



415798
INTERCÂMBIO

7-Data Validade da Senha
0 8 / 0 2 / 2 1

6-Número da Guia Principal
80393359

5-Senha
AUTORIZADO

4-Data de Autorização
1 1 / 2 1 / 1 1 2 0

3-Data de Emissão da Guia
1 1 0 1 / 1 1 1 2 0 1

1-Registro ANS
406414

Dados do Beneficiário

8-Número da Carteira
0 0 2 0 2 5 3 1 6 3 4 0 0 0 0 1 0 1 1

9-Plano
POS REDE PRESTADORA

10-Empresa
DENTAL UNI COOPERATIVA

11-Data Validade da Carteira
/ / / / / /

12-Número do Cartão Nacional de Saúde

Dados do Contratado Responsável pelo Tratamento

15-Atendimento a RN
N
17-Nome do Profissional Solicitante
ANESIO GRACINDO ALVES JUNIOR

13-Nome
ERICA APARECIDA NASCIMENTO DE OLIVEIRA

14-Telefone
() - - - - -

15-Nome do titular do plano
ERICA APARECIDA NASCIMENTO DE OLIVEIRA

16-Data de Realização
05/07/1984

Dados do Contratado Responsável pelo Tratamento

21-Código na Operadora / CNPJ / CPF
1 1 7 5 5 6 2 8 8 9 7 / / / / / /

22-Nome do Contratado Executante
ANESIO GRACINDO ALVES JUNIOR

23-Número no CRO
94101

24-UF
SP

25-Código CBO S
94101

Dados do Contratado Responsável pelo Tratamento

26-Nome do Profissional Executante
ANESIO GRACINDO ALVES JUNIOR

27-Número no CRO
94101

28-UF
SP

29-Código CBO S
94101

30-Franchisa/Co-participação R\$
0,00

31-Código do Procedimento
1-0 0 1 8 1 0 0 1 0 3 0 0

32-Descrição
CONSULTA ODONTOLÓGICA

33-Dente/Região
18 OV

34-Face
OV

35-Qtd
1

36-Quantidade US
3 4 1 0 0 0

37-Valor
0,00

38-Franchisa/Co-participação R\$
0,00

39-Aut
S

40-Data de Realização
10/11/20

41-Motivo da Glosa 42-Assinatura
X buco

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