



GUIA DE TRATAMENTO ODONTOLÓGICO

2-AN



506027
INTERCÂMBIO

1-Região ANS

406414

3-Dia de Emissão do Guia
2 2 / 0 3 / 2 1

4-Data de Autorização
2 5 / 0 3 / 2 1

5-Seria
AUTORIZADO

6-Número da Guia Principal
8412646

7-Dia Validade da Seria
2 0 / 0 6 / 2 1

8-Número da Carteira

0 0 2 0 2 5 1 0 2 7 2 2 0 0 1 6 4 4 0 1

9-Piloto
POS REDE PRESTADORA

10-Empresa
PHILCO ELETRONICOS SA

11-Dia Validade da Carteira
/ /

12-Número do Cartão Nacional de Saúde

13-Nome
PEDRO WANDERSON LAVAREDA DOS SANTOS

14-Telefone
10/02/1980

15-Nome do titular do plano
PEDRO WANDERSON LAVAREDA DOS SANTOS

Dados do Contratado Responsável pelo Tratamento

16-Atendimento a RN
CLINICA EBENEZER

17-Nome do Profissional Solicitante
CRISTIANE BEGHINE CLAUDIANO

18-Número no CRO
3666

19-UF
AM

20-Código CBO S
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21-Código na Operadora / CNPJ / CPF
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23-Código CNES
Enviar - RX

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