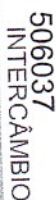


2-N

506037
INTERCÂMBIO12-Número do Cartão Nacional de Saúde

15-Nome do titular do plano
JOELSON DE SOUZA NASCIMENTO

17-Nome do Profissional Solicitante

$$F = \frac{1}{X_{\text{trans}}}$$

1. X-pool

LE

[illegible][illegible]

[illegible][illegible]

Total Franquia / Co-participação R\$

te e arcar com os custos pre

THE DEPT.

12.47910

150 - Each

Manana

14.0%