

GUIA DE TRATAMENTO ODONTOLÓGICO

2-AP

740944
INTERCÂMBIO

7-Data Validade da Senha
13/10/11/12/2

6-Número da Guia Principal
9174947

5-Senha
AUTORIZADO

4-Data de Autorização
10/4/11/12/11

3-Data de Emissão da Guia /
15/11/10/11/2/11

1-Registro ANS
406414

8-Número da Carteira
002020253698980000101

9-Plano
POS REDE PRESTADORA

10-Empresa
DENTAL UNI COOPERATIVA

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

12-Número do Cartão Nacional de Saúde

13-Nome
CAMILA FERREIRA DA SILVA

14-Telefone
(11) 11111111

15-Nome do titular do plano
CAMILA FERREIRA DA SILVA

16-Número na CRO
20888

19-UF
RJ

20-Código CEO S
025 -

24-UF
RJ

25-Código CNES
Enviar - RX
(1) 81000421-

17-Atendimento a RN
N

17-Nome do Profissional Solicitante
CLAUDIA LUCIA FERNANDES TAVARES

22-Nome do Contratado Executante
CLAUDIA LUCIA FERNANDES TAVARES

23-Número no CRO
20888

24-UF
RJ

25-Código CEO S
20888

26-Nome do Profissional Executante
CLAUDIA LUCIA FERNANDES TAVARES

27-Número no CRO
20888

28-UF
RJ

29-Código CEO S

Plano de Tratamento / Procedimentos Solicitados

30-Tabela
31-Código do Procedimento

32-Descrição

33-Dentista/Região
15

34-Face
1

35-Qtd
1

36-Quantidade US
7300

37-Valor
0,00

38-Franquia/Co-participação R\$
0,00

39-Aut
S

40-Data de Realização
13/12/12

41-Motivo da Glosa 42-Assinatura
A

1-0082000875 EXODONTIA SIMPLES DE

2-0082000875 EXODONTIA SIMPLES DE

3-0081000421 RX PERIAPICAL

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