

GUIA DE TRATAMENTO ODONTOLÓGICO



2.º

405675
INTERCÂMBIO

7-Data Validade da Senha
21/5/10 11/12/11

8-Número de Guia Principal
50201854

5-Senha
AUTORIZADO

4-Data de Autorização
27/11/10 12/10

3-Data de Emissão da Guia
27/11/10 12/10

1-Registro ANS
406414

12-Número do Cartão Nacional de Saúde
898004612631201

11-Data Validade da Carteira
11/11/11

10-Empresa
UNIMED RIO COOPERATIVA

14-Telefone
(11) 11111111

13-Nome
LUANA MICHELLE RODRIGUES ALVES

9-Plano
POS REDE PRESTADORA

11/02/1985

16-Atendimento a RN
N

17-Nome do Profissional Solicitante
LUIS ALBERTO PINTO DE SAMPAIO TABORDA

21-Código na Operadora / CNPJ / CPF
1616726247753

15-Nome do titular do plano
DIOGO RIBEIRO ALVES

26-Código CBO S
801 -
Faturar Empresa

19-UF
RJ

24-UF
RJ

28-UF
RJ

23-Número no CRO
37184

27-Número no CRO
37184

38-Franquia/Co-participação R\$

39-Aut

40-Data de Realização

41-Motivo da Glosa

36-Quantidade US

37-Valor

35-Cid

34-Face

33-Dente/Região

32-Descrição

31-Código do Procedimento

30-Tabela

43-Data Previsto Término do Tratamento

44-Tipo de Atendimento

45-Tipo de Faturamento

46-Total Quantidade US

47-Valor Total R\$

48-Total Franquia / Co-participação R\$

49-Observação

50-Data, local e Assinatura do Cirurgião-Dentista Solicitante

51-Data, local e Assinatura do Cirurgião-Dentista

52-Data, local e Assinatura do Beneficiário / Responsável

53-Data, local e Assinatura da Empresa

1-0 0 1 8 1 0 0 0 0 6 5

2-0 0 1 8 4 0 0 0 1 9 8

3-0 0 1 8 4 0 0 0 1 9 8

4-0 0 1 8 4 0 0 0 1 9 8

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6-0 0 1 8 7 0 0 0 1 6

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CONSULTA ODONTOLÓGICA

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