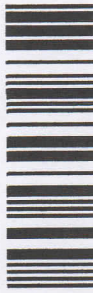




GUIA DE TRATAMENTO ODONTOLÓGICO

2- Nº



401376
INTERCÂMBIO

7-Data Validade da Senha
1/9/10 1/12/11

6-Número da Guia Principal
50200719

5-Senha
AUTORIZADO

4-Data de Autorização
12/11/10 1/12/10

3-Data de Emissão da Guia
12/11/10 1/12/10

1-Registro ANS
406414

Dados do Beneficiário

8-Número de Carteira
1003170000002515707101

9-Plano
POS REDE PRESTADORA

10-Empresa
UNIMED SAUDE E ODONTO S/A

11-Data Validade da Carteira
1/1/11/11/11

12-Número do Cartão Nacional de Saúde
708603005853181

13-Nome
CRISLENE RODRIGUES DA SILVA

14-Telefone
21/04/1982

15-Nome do titular do plano
CRISLENE RODRIGUES DA SILVA

Dados do Contratado Responsável pelo Tratamento

16-Atendimento a RN
N

17-Nome do Profissional Solicitante
ANGELA MARIA COUTO VARGAS TEJADA

18-Número no CRO
8683

19-UF
RJ

20-Código CBO S
801 -

21-Código na Operadora / CNPJ / CPF
1751615126787

22-Nome do Contratado Executante
ANGELA MARIA COUTO VARGAS TEJADA

23-Número no CRO
8683

24-UF
RJ

25-Código CNES
Envio - RX
(F) 85400556-36
(I) 85100200

26-Nome do Profissional Executante
ANGELA MARIA COUTO VARGAS TEJADA

27-Número no CRO
8683

28-UF
RJ

29-Código CBO S

30-Tabela

31-Código do Procedimento

32-Descrição

33-Dente/Região

34-Face

35-Qtd

36-Quantidade US

37-Valor

38-Franquia/Co-participação R\$

39-Aut

40-Data de Realização

41-Motivo da Guia 42-Assinatura

1-0 0 1 8 5 4 0 0 5 5 6 1 RESTAURAÇÃO METÁLICA

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