



GUIA DE TRATAMENTO ODONTOLÓGICO



2-Nº

2003399
INTERCÂMBIO

7-Data Validade da Senha
12/11/11/12/14

6-Número da Guia Principal
12881460

5-Senha
AUTORIZADO

4-Data de Autorização
12/16/10/18/12/14

1-Registro ANS
406414

Dados do Beneficiário

8-Número da Carteira
101020215111139060000001011

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
MARIA GERALDA PEREIRA DA SILVA

14-Telefone
(11) 11111111

15-Nome do titular do plano
MARIA GERALDA PEREIRA DA SILVA

16-Atendimento a RN
RADIUM CENTRO DE IMAGEM ODONTOLÓGICA

21-Código na Operadora / CNPJ / CPF
05310216000177

22-Nome do Contratado Executante
BALAN & BUENO RADIOLOGIA ODONTOLÓGICA

23-Número no CRO
21007

24-UF
MG

25-Código CNES
6229611

26-Nome do Profissional Executante
DANIELA BUENO VIEIRA

27-Número no CRO
21007

28-UF
MG

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 Glosa 42-Assinatura

1-01018110004211 RX PERIAPICAL

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112-01018110004211 RX PERIAPICAL

113-01018110004211 RX PERIAPICAL

114-01018110004211 RX PERIAPICAL

115-01018110004211 RX PERIAPICAL

43-Data Previsão 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 Carimbo da Empresa

54-Data, local e Assinatura do Beneficiário / Responsável
55-Data, local e Carimbo da Empresa

56-Data, local e Assinatura do Beneficiário / Responsável
57-Data, local e Carimbo da Empresa

58-Data, local e Assinatura do Beneficiário / Responsável
59-Data, local e Carimbo da Empresa