



GUIA DE TRATAMENTO ODONTOLÓGICO



2-Nº

406074
INTERCÂMBIO

7-Data Validade da Senha
12/5/10 11/2/11

6-Número da Guia Principal
8000349

5-Senha
AUTORIZADO

4-Data de Autorização
12/9/11 01/2/01

3-Data de Emissão da Guia
12/7/11 01/2/01

1-Registro ANS
406414

12-Número do Cartão Nacional de Saúde

11-Data Validade da Carteira

10-Empresa
DENTAL UNI COOPERATIVA

9-Plano
POS REDE PRESTADORA

8-Número da Carteira
0101202533144120000010101

Dados do Beneficiário

15-Nome do titular do plano
CARINA MICHELE MENDES

14-Telefone

25/05/1979

13-Nome
CARINA MICHELE MENDES

Dados do Contratado Responsável pelo Tratamento

16-Atendimento a RN
ANESIO GRACINDO ALVES JUNIOR

18-Número no CRO
94101

22-Nome do Contratado Executante
ANESIO GRACINDO ALVES JUNIOR

21-Código na Operadora / CNPJ / CPF
11755561288897

25-Nome do Profissional Executante
ANESIO GRACINDO ALVES JUNIOR

025 -
Faturar Empresa

20-Código CBO S

19-UF
SP

23-Número no CRO
94101

33-Dente/Região

32-Descrição

30-Tabola

Envia - RX

25-Código CNES

24-UF
SP

27-Número no CRO

34-Face

35-Qtd

36-Quantidade US

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