



GUIA DE TRATAMENTO ODONTOLÓGICO

2- Nº

1-Registro ANS
406414

3-Data de Emissão da Guia
10/06/2013

4-Data de Autorização
10/09/2013

5-Senha
AUTORIZADO

6-Número da Guia Principal
7461289

7-Data Validade da Senha
04/10/2016

297474
INTERCÂMBIO

Dados do Beneficiário

8-Número da Carteira
0101202529461900001011

9-Plano
POS REDE PRESTADORA

10-Empresa
DENTAL UNI COOPERATIVA

11-Data Validade da Carteira
11/11/11

12-Número do Cartão Nacional de Saúde

13-Nome

NARJARIA AZEREDO DOS SANTOS

14-Telefone

15-Nome do titular do plano
NARJARIA AZEREDO DOS SANTOS

16-Endereço a RN

17-Nome do Profissional Solicitante
SUELLEN MEZZETTE DE OLIVEIRA

21-Código na Operadora / CNPJ / CPF
081512999616011

22-Nome do Contratado Executante
SUELLEN MEZZETTE DE OLIVEIRA

23-Número no CRO
112913

24-UF
SP

25-Código CNES
085100218

26-Nome do Profissional Executante
SUELLEN MEZZETTE DE OLIVEIRA

27-Número no CRO
112913

28-UF
SP

29-Código CBO S
85100200

30-Código CBO S
85100200

31-Quantidade US
112913

32-Quantidade US
112913

33-Dente/Região

34-Face

35-Qtd

36-Valor

37-Franchisa/Co-participação R\$

38-Franchisa/Co-participação R\$

39-Aut

40-Data de Realização

41-Motivo da Glosa

42-Assinatura

43-Data de Realização

44-Data de Realização

45-Data de Realização

46-Data de Realização

47-Valor Total R\$

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