

GUIA DE TRATAMENTO ODONTOLÓGICO



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1-Registro ANS 406414		3-Data de Emissão da Guia 11/11/2012		5-Senha AUTORIZADO		6-Número da Guia Principal 8152525		7-Data Validade da Senha 11/11/2013		442446 INTERCÂMBIO	
Dados do Beneficiário											
8-Número da Carteira 00202521694600032701		9-Plano POS REDE PRESTADORA		10-Empresa CECRISA REVESTIMENTOS		11-Data Validade da Carteira		12-Número do Cartão Nacional de Saúde			
13-Nome FILIPE PACHECO FRAGA		14-Telefone		15-Data Validade do plano		16-Data Validade da Carteira		17-Data Validade da Guia			
Dados do Contratado Responsável pelo Tratamento											
18-Atendimento a RN		17-Nome do Profissional Solicitante ODONTOIMAGEM		18-Número no CRO 8307		19-UF SC		20-Código CBO S 09		025 - Faturar Empresa	
21-Código na Operadora / CNPJ / CPF 0411818248947		22-Nome do Contratado Executante MARIANA FERREIRA MEDEIROS		23-Número no CRO 8307		24-UF SC		25-Código CNES		Enviar - RX	
26-Nome do Profissional Executante MARIANA FERREIRA MEDEIROS		27-Número no CRO 8307		28-UF SC		29-Código CBO S		30-Código CNES		(I) 81000375-RME (I) 81000375-RMD	
Plano de Tratamento / Procedimentos Solicitados											
30-Tabella		31-Código do Procedimento		32-Descrição		33-Dente/Região		34-Face		35-Qtd	
1-000811000375		RX INTERPROXIMAL - BITE-		RME		14		00		00	
2-000811000375		RX INTERPROXIMAL - BITE-		RPE		14		00		00	
3-000811000375		RX INTERPROXIMAL - BITE-		RPD		14		00		00	
4-000811000375		RX INTERPROXIMAL - BITE-		RMD		14		00		00	
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