



1-Registro ANS 406414 2-Carte de Emenda da Guia 12/6/02/2/21 3-Data de Autorização 10/3/03/3/21 4-Serviço AUTORIZADO 5-Número da Guia Principal 8336581 6-Cópia Valsede da Guia 12/7/05/1/21 7-Intercâmbio 486138

Centro do Beneficiário

6-Número da Carteira

10/02/02/5/3/5/3/9/6/0/0/0/0/1/0/1

9-Pessoa

POS REDE PRESTADORA

10-Empresa

DENTAL UNI COOPERATIVA

11-Data Valsede da Carteira

12-Número da Carteira Nacional de Saúde

13-Nome

11/07/1998

14-Endereço

15-Nome do titular do plano

EDNA MOREIRA

16-Data de Contrato Responsável pelo Tratamento

17-Nome do Profissional Solicitante

18-Endereço a R/N

19-UF

20-UF

21-UF

22-Código CBO S

025 -

Faturar Empresa

Enviar - RX

(1) 82001286-38

(1) 81000421-

21-Código na Operadora / CNPJ / CPF

10/2/05/7/7/1/0/7/6/9/1/1

22-Nome do Contratação Exatante

FLAVIA CARDOSO PEREIRA

23-Número no CRO

20497

24-UF

25-Código CNES

26-UF

27-Código CRO S

28-UF

29-Código CRO S

30-UF

FLAVIA CARDOSO PEREIRA

Plano de Tratamento / Procedimentos Solicitados

30-Tabela

31-Código de Procedimento

32-Descrição

33-Dente/Região

34-Face

35-Qnt

36-Quantidade US

37-Valor

38-Franchising/Qualificação R\$

39-Ax

40-Data de Realização

41-Motivo da Guia 42-Assinatura

1-0/0/8/2/0/0/1/2/8/6/1

REMOÇÃO DE DENTES

38

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3-0/0/8/2/0/0/0/8/7/5/1

EXODONTIA SIMPLES DE

28

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25-0/0/0/0/0/0/0/0/0/0

43-Data Realização do Tratamento

44-Tipo de Atendimento

45-Tipo de Atendimento

46-Tipo de Atendimento

47-Valor Total R\$

48-Valor Total R\$

49-Valor Total R\$

50-Valor Total R\$

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