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INTERCÂMBIO

1-Registro ANS 406414		3-Data de Emissão da Guia 05/10/15		4-Data de Autorização 12/04/10		5-Senha AUTORIZADO	
Dados do Beneficiário		8-Número da Carteira 00202025369432000010101		9-Plano POS REDE PRESTADORA		10-Empresa DENTAL UNI COOPERATIVA	
13-Nome PATRICIA DA SILVA FERREIRA		14-Telefone ()		15-Data Validade da Carteira 03/08/12		12-Número do Cartão Nacional	
16-Atendimento a RN N		17-Nome do Profissional Solicitante SANDRA CRISOSTOMO DE OLIVEIRA		18-Número no CRO 16305		19-UF BA	
21-Código na Operadora / CNPJ / CPF 06619417523		22-Nome do Contratado Executante SANDRA CRISOSTOMO DE OLIVEIRA		23-Número no CRO 16305		24-UF BA	
26-Nome do Profissional Executante SANDRA CRISOSTOMO DE OLIVEIRA		27-Número no CRO 16305		28-UF BA		29-Código CBO S	
30-Tabela 31-Código do Procedimento		32-Descrição EXODONTIA DE RAIZ		33-Dente/Região 16		34-Face 1	
35-Quantidade US		36-Valor		37-Franquia/Co-participação R\$		38-Data de R\$	
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