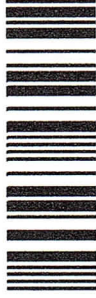






GUIA DE TRATAMENTO ODONTOLÓGICO

2-Nº



364086
INTERCÂMBIO

7-Data Validade da Sanha
12/4/11 11/20

6-Número da Guia Principal
7821908

5-Senha
AUTORIZADO

4-Data de Autorização
10/11/09 11/20

3-Data de Emissão da Guia
12/6/10 8/12/01

1-Registro ANS
406414

Dados do Beneficiário

8-Número da Carteira

0002025105106001132101

9-Plano
POS REDE PRESTADORA

10-Empresa
INSTITUTO DE ASSISTENCIA

11-Data Validade da Carteira

12-Número do Cartão Nacional de Saúde

13-Nome

ELOA CARVALHO OLIVEIRA COPPOLA

03/01/1958

14-Telefone

15-Nome do titular do plano
ELOA CARVALHO OLIVEIRA COPPOLA

Dados do Contratado Responsável pelo Tratamento

17-Nome do Profissional Solicitante

ANESIO GRACINDO ALVES JUNIOR

18-Número no CRO
94101

19-UF
SP

20-Código CBO S

025 -
Faturar Empresa

21-Código na Operadora / CNPJ / CPF

1171556218897

22-Nome do Contratado Executante
ANESIO GRACINDO ALVES JUNIOR

23-Número no CRO
94101

24-UF
SP

25-Código CNES

26-Nome do Profissional Executante

ANESIO GRACINDO ALVES JUNIOR

27-Número no CRO
94101

28-UF
SP

29-Código CBO S

Plano de Tratamento / Procedimentos Solicitados

30-Tabella

31-Código do Procedimento

32-Descrição

33-Dente/Região

34-Face

35-Qtd

36-Quantidade US

37-Valor

38-Franquia/Co-participação R\$

39-Aut

40-Data de Realização

41-Motivo da Glosa

42-Assinatura

1-00081000065 CONSULTA ODONTOLÓGICA

2-00085300047 RASPAGEM SUPRA-GENGIVAL

3-00085300047 RASPAGEM SUPRA-GENGIVAL

4-00085300047 RASPAGEM SUPRA-GENGIVAL

5-00085300047 RASPAGEM SUPRA-GENGIVAL

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