

GUIA DE TRATAMENTO ODONTOLÓGICO

2-Nº



313046
INTERCÂMBIO

7-Data Validade de Seta
1 1 / 0 8 / 2 0

6-Número da Guia Principal
313046

5-Sineta
PENDENTE DE LIBERAÇÃO

4-Data de Autorização
1 3 / 0 5 / 2 0

3-Data de Emissão da Guia
1 3 / 0 5 / 2 0

1-Registro ANS
406414

Dados do Beneficiário

8-Número da Carteira
0 0 3 7 9 9 9 4 0 6 2 0 4 1 3 8 6

9-Plano
POS REDE PRESTADORA

10-Empresa
UNIMED SAUDE E ODONTO S/A

11-Data Validade da Carteira
1 1 / 1 1 / 1 1

12-Número do Cartão Nacional de Saúde
709203242435830

13-Nome
JESSICA OLIVEIRA DE MENEZES

14-Telefone
06/03/1981

15-Nome do titular do plano
BRUNO FERREIRA DE JESUS

Dados do Contratado Responsável pelo Tratamento

16-Atendimento a F/N
N

17-Nome do Profissional Solicitante
DANIEL ROLDI VIEIRA PINHEIRO

21-Código na Opção de CNPJ / CPF
0 9 1 2 2 4 3 7 1 7 3 6

22-Nome do Contratado Exatante
DANIEL ROLDI VIEIRA PINHEIRO

26-Nome do Profissional Exatante
DANIEL ROLDI VIEIRA PINHEIRO

18-Número no CRO
30438

24-UF
RJ

25-Código CBO S
801 -

28-UF
RJ

29-Código CBO S
Enviar - RX
(I) 85100226

Plano de Tratamento / Procedimentos Solicitados

30-Tabela
31-Código do Procedimento

32-Descrição
CONSULTA ODONTOLÓGICA DE

33-Classe/Região
41

34-Fase
VIML

35-Quantidade
1

36-Quantidade US
3 4 0 0

37-Valor
0 0 0 0

38-Franquia/Co-participação R\$
0 0 0 0

39-Aut
N

40-Data de Realização
13/05/22

41-Motivo da Guia 42-Autorização
13/05/22

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2-0 0 1 8 5 1 0 0 2 2 6

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