

1-Registro ANS
4064 143-Data de Emissão da Guia
12/2/01/214-Data de Autorização
12/2/01/215-Série
AUTORIZADO6-Número da Guia Principal
82246657-Data Validade da Guia
12/2/04/21

Dados do Beneficiário

8-Número da Carteira
1002025346564000001019-Plano
POS REDE PRESTADORA10-Empresa
DENTAL UNI COOPERATIVA11-Data Validade da Carteira
1/1/1/1

12-Número do Cartão Nacional de Saúde

13-Nome
JOYCEKELLY BARROSO DOURADO

06/01/1982

14-Telefone
() - - - - -15-Nome do titular do plano
JOYCEKELLY BARROSO DOURADO

Dados do Contratado Responsável pelo Tratamento

16-Identificação a RN
N17-Nome do Profissional Solicitante
ROBERTA CUNHA VASCONCELOS18-Número no CRO
831419-UF
CE20-Código CBO S
025 -

Faturar Empresa

21-Código de Operações / CNPJ / CPF
61523990338722-Nome do Contratado Executante
ROBERTA CUNHA VASCONCELOS23-Número no CRO
831424-UF
CE25-Código CBO S
2740 -26-Nome do Profissional Executante
ROBERTA CUNHA VASCONCELOS

Plano de Tratamento / Procedimentos Solicitados

30-Tab 1
31-Código do Procedimento

32-Descrição

33-Custo Regio

34-Face

35-Qnt

36-Quantidade US

37-Valor

38-Franquia/Co-participação R\$

39-Ant

40-Data de Realização

41-Motivo da Guisa 42-Assinatura

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