UNAFISCO Saúde®

ANS - nº 36101-1

CAPA DE LOTE ODONTOLOGIA

APENAS GUIAS DE COBRANÇAS

Nº REF.:

1 - Data de Envio
|___|___| / |___|___| / |___|___|

Dados do Prestador

2- Nome	3- Código

4- Número da Guia	5- Total (R$)	6- Número da Guia	7- Total R$
1 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	26 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
2 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	27 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
3 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	28 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
4 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	29 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
5 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	30 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
6 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	31 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
7 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	32 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
8 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	33 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
9 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	34 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
10 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	35 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
11 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	36 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
12 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	37 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
13 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	38 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
14 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	39 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
15 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	40 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
16 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	41 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
17 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	42 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
18 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	43 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
19 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	44 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
20 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	45 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
21 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	46 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
22 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	47 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
23 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	48 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
24 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	49 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|
25 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|	50 - |___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|,|___|___|

8- Carimbo Setor de Protocolo Unafisco Saúde Data de Recebimento	9- Número da Nota Fiscal	10- Qtde de Guias
	11- Valor Total R$	12 - Assinatura e Carimbo do Credenciado
	13- Assinatura e Carimbo do Digitador	
	14- Assinatura e Carimbo do Analista de Contas	
	15- Assinatura e Carimbo do Enfermeiro Auditor	