postalsaúde

GUIA DE HONORÁRIOS
(Somente para pacientes internados)

2- Nº Guia no Prestador 12345678901234567890

1 - Registro ANS	3- Nº Guia de Solicitação de Internação	4 - Senha	5 - Número da Guia Atribuído pela Operadora
|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Dados do Beneficiário

6 - Número da Carteira	7 - Nome	8 - Atendimento a RN
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|

Dados do Contratado (onde foi executado o procedimento)

9 - Código na Operadora	10 - Nome do Hospital/Local	11-Código CNES
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___|___|___|___|___|___|

Dados do Contratado Executante

12 - Código na Operadora	13 - Nome do Contratado	14 - Código CNES
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___|___|___|___|___|___|

Dados da internação

15 – Data do Início do Faturamento	16 – Data do Fim do Faturamento
|___|___|/|___|___|/|___|___|___|___|	|___|___|/|___|___|/|___|___|___|___|

Procedimentos Realizados

	17-Data	18-Hora Inicial	19-Hora Final	20-Tabela	21-Código do Procedimento	22-Descrição	23-Qtde.	24-Via	25-Tec	26- Fator Red / Acresc	27-Valor Unitário - R$	28-Valor Total – R$
01-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
02-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
03-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
04-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
05-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
06-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
07-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
08-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
09-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
10-	|___|___|/|___|___|/|___|___|___|___|	|___|___|:|___|___|	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|	|___|	|___|	|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|

Identificação do(s) Profissional(is) Executante(s)

29-Seq.Ref	30-Grau Part.	31-Código na Operadora/CPF	32-Nome do Profissional	33-Conselho Profissional	34-Número no Conselho	35-UF	36-Código CBO
|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|___|___|___|
|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|___|___|___|
|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|___|___|___|
|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|___|___|___|
|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|	|___|___|___|___|___|___|

37- Observação / Justificativa	38- Valor total dos honorários
	|___|___|___|___|___|___|___|___|,|___|___|

39 - Data de emissão	40 - Assinatura do Profissional Executante
|___|___| / |___|___| / |___|___|___|___|	