postalsaúde

GUIA DE RECURSO DE GLOSAS ODONTOLÓGICAS

2- Nº Guia no Prestador 12345678901234567890

1 - Registro ANS	3 - Nome da Operadora	4 - Objeto do Recurso	5 - Número da Guia de Recurso de Glosas Atribuído pela Operadora
|___|___|___|___|___|___|		|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Dados do Contratado

6-Código na Operadora	7 - Nome do Contratado
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	

Dados do recurso do protocolo

8 - Número do Lote	9-Número do Protocolo	10- Código da Glosa do Protocolo	11-Justificativa	12 - Acatado
|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|		|___|

Dados do recurso da guia

13- Número da guia no prestador	14- Número da guia atribuído pela operadora	15-Senha	16-Nome do beneficiário
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	

17-Código da glosa da guia	18-Justificativa (no caso de recurso de toda a guia)	19 - Acatado
|___|___|___|___|___|		|___|

Dados dos itens da guia

20-Data realização procedimento | 21-Dente/Região | 22-Face | 23-Quantidade | 24-Tabela | 25-Procedimento/Item assistencial | 26-Descrição do procedimento
27-Código da Glosa
28-Valor Recursado | 29-Justificativa do prestador
30-Valor Acatado | 31-Justificativa da operadora

01-|___|___|/|___|___|/|___|___|___|___| |___|___|___|___|___| |___|___|___|___|___| |___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| _____ |___|___|___|___|
|___|___|___|___|___|,|___|___| _____
|___|___|___|___|___|,|___|___| _____

02-|___|___|/|___|___|/|___|___|___|___| |___|___|___|___|___| |___|___|___|___|___| |___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| _____ |___|___|___|___|
|___|___|___|___|___|,|___|___| _____
|___|___|___|___|___|,|___|___| _____

03-|___|___|/|___|___|/|___|___|___|___| |___|___|___|___|___| |___|___|___|___|___| |___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| _____ |___|___|___|___|
|___|___|___|___|___|,|___|___| _____
|___|___|___|___|___|,|___|___| _____

04-|___|___|/|___|___|/|___|___|___|___| |___|___|___|___|___| |___|___|___|___|___| |___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| _____ |___|___|___|___|
|___|___|___|___|___|,|___|___| _____
|___|___|___|___|___|,|___|___| _____

05-|___|___|/|___|___|/|___|___|___|___| |___|___|___|___|___| |___|___|___|___|___| |___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| _____ |___|___|___|___|
|___|___|___|___|___|,|___|___| _____
|___|___|___|___|___|,|___|___| _____

06-|___|___|/|___|___|/|___|___|___|___| |___|___|___|___|___| |___|___|___|___|___| |___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| _____ |___|___|___|___|
|___|___|___|___|___|,|___|___| _____
|___|___|___|___|___|,|___|___| _____

07-|___|___|/|___|___|/|___|___|___|___| |___|___|___|___|___| |___|___|___|___|___| |___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| _____ |___|___|___|___|
|___|___|___|___|___|,|___|___| _____
|___|___|___|___|___|,|___|___| _____

32 - Valor Total Recursado (R$)	33 - Valor Total Acatado (R$)
|___|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|___|,|___|___|

34- Data do recurso	35 - Assinatura do Prestador	36 - Data da Assinatura da Operadora	37 - Assinatura da Operadora
|___|___|/|___|___|/|___|___|___|___|		|___|___|/|___|___|/|___|___|___|___|	