Unimed Sobral

ANEXO DE OUTRAS DESPESAS

(para Guia de SP/SADT e Resumo de Internação)

1 - Registro ANS	2 – Número da Guia Referenciada
|___|___|___|___|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Dados do Contratado Executante

3 - Código na Operadora	4 - Nome do Contratado	5 – Código CNES
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___|___|___|___|___|___|

Despesas Realizadas

6-CD	7-Data	8-Hora Inicial	9-Hora Final	10-Tabela	11-Código do Item	12-Qtde.	13-Unidade de Medida	14- Fator Red.. / Acresc	15-Valor Unitário - R$	16-Valor Total – R$
17-Registro ANVISA do Material			18-Referência do material no fabricante						19-Nº Autorização de Funcionamento	

01- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

02- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

03- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

04- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

05- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

06- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

07- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

08- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

09- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

10- |___|___| |___|___|/|___|___|/|___|___|___|___| |___|___|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|,|___|___|___|___| |___|___|___| |___|,|___|___| |___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|,|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|___|___|___|___|___|___|___|___|___|___|___|

20-Descrição _____

21 - Total de Gases Medicinais (R$)	22 - Total de Medicamentos (R$)	23 - Total de Materiais (R$)	24 - Total de OPME (R$)	25 - Total de Taxas e Aluguéis (R$)	26 - Total de Diárias (R$)	27 - Total Geral (R$)
|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|,|___|___|