



17 de abril de 2023

Informamos as alterações da rede hospitalar, devidamente aprovada pela Agência Nacional de Saúde Suplementar (ANS) nos termos da Resolução Normativa nº568.

ANS - nº 355691

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF
89.658.025/0001-90	PREFEITURA MUN SALTO DO JACUI	SALTO DO JACUI	RS	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS	20230207.355691.028679	89.708.051/0001-86	HOSPITAL MUNICIPAL BOM PASTOR	FORTALEZA DOS VALES	RS

89.658.025/0001-90	PREFEITURA MUN SALTO DO JACUI	SALTO DO JACUI	RS	6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	89.708.051/0001-86	HOSPITAL MUNICIPAL BOM PASTOR	FORTALEZA DOS VALES	RS
--------------------	-------------------------------	----------------	----	---	------------------------	--------------------	-------------------------------	---------------------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF

				420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 434.059/00-1 435.180/01-1 435.182/01-7 435.185/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 451.844/04-6 451.845/04-4 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13	20230207.355691.028679	84.575.422/0001-85	CASA DE SAUDE BOM JESUS LTDA	ARIQUEMES	RO
--	--	--	--	--	--	------------------------	--------------------	------------------------------	-----------	----

05.896.767/0001-64	RIO BRANCO PRESTACAO DE SERVICO DE SAUDE LTDA EPP	JARU	RO	474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	84.575.422/0001-85	CASA DE SAUDE BOM JESUS LTDA	ARIQUEMES	RO
--------------------	---	------	----	--	---	------------------------	--------------------	------------------------------	-----------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS				
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF	
10.623.179/0001-97	HOSPITAL HCC DE ARIQUEMES LTDA	ARIQUEMES	RO	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 434.059/00-1 435.180/01-1 435.182/01.7	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123	20230207.355691.028679	84.575.422/0001-85	CASA DE SAUDE BOM JESUS LTDA	ARIQUEMES	RO

10.623.179/0001-97	HOSPITAL HCC DE ARIQUEMES LTDA	ARIQUEMES	RO	435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 451.844/04-6 451.845/04-4 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	84.575.422/0001-85	CASA DE SAUDE BOM JESUS LTDA	ARIQUEMES	RO
--------------------	--------------------------------	-----------	----	--	---	------------------------	--------------------	------------------------------	-----------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF
11.754.025/0001-05	ASSOC PROTECAO MATERNO INFANCIA DE SURUBIM	SURUBIM	PE	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3	20230207.355691.028679	24.449.225/0002-79	HOSPITAL UNIMED CARUARU	CARUARU	PE

11.754.025/0001-05	ASSOC PROTECAO MATERNO INFANCIA DE SURUBIM	SURUBIM	PE	6975 3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	24.449.225/0002-79	HOSPITAL UNIMED CARUARU	CARUARU	PE
--------------------	--	---------	----	--	------------------------	--------------------	-------------------------	---------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF

				1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003 13					
09.985.342/0001-82	HOSPITAL DAS CLINICAS DO CARPINA LTDA	CARPINA	PE	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/11-8 470.171/13-2 472.564/14-6 474.759/15-3 475.500/16-6 477.870/17-7	20230207.355691.028679	11.214.624/0004-70	HOSPITAL UNIMED RECIFE I - PRACA CHORA MENINO	RECIFE	PE

09.985.342/0001-82	HOSPITAL DAS CLINICAS DO CARPINA LTDA	CARPINA	PE	477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 474.044/15-1 474.045/15-9 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.855/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	11.214.624/0004-70	HOSPITAL UNIMED RECIFE I - PRACA CHORA MENINO	RECIFE	PE
--------------------	---------------------------------------	---------	----	--	--	------------------------	--------------------	---	--------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF

69.943.389/0001-05	HOSPITAL SAO SALVADOR CARDIOPPLUS	OLINDA	PE	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS	20230207.355691.028679	11.214.624/0004-70	HOSPITAL UNIMED RECIFE I - PRACA CHORA MENINO	RECIFE	PE
--------------------	-----------------------------------	--------	----	--	---	------------------------	--------------------	---	--------	----

69.943.389/0001-05	HOSPITAL SAO SALVADOR CARDIOPLUS	OLINDA	PE	435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	11.214.624/0004-70	HOSPITAL UNIMED RECIFE I - PRACA CHORA MENINO	RECIFE	PE
--------------------	----------------------------------	--------	----	--	---	------------------------	--------------------	---	--------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO		PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF		CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF		

19.289.494/0001-02	INSTITUTO VALE CAPIBARIBE INOVACOES EM E E SAUDEHOSPITAL	LIMOIEIRO	PE	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27 A	20.230.207.355.691.000.000	24.449.225/0002-79	HOSPITAL UNIMED CARUARU	CARUARU	PE
--------------------	--	-----------	----	--	----------------------------	--------------------	-------------------------	---------	----

				27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS						
19.289.494/0001-02	INSTITUTO VALE CAPIBARIBE INOVACOES EM E E SAUDEHOSPITAL	LIMOEIRO	PE	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	20.230.207.355.691.000.000	24.449.225/0002-79	HOSPITAL UNIMED CARUARU	CARUARU	PE	

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS				
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF	
13.296.018/0001-24	INSTITUTO DE ASSISTENCIA VALE DO UNAHOS STA ROSA	PALMARES	PE	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2	20230207.355691.028679	24.449.225/0002-79	HOSPITAL UNIMED CARUARU	CARUARU	PE

13.296.018/0001-24	INSTITUTO DE ASSISTENCIA VALE DO UNAHOS STA ROSA	PALMARES	PE	479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	24.449.225/0002-79	HOSPITAL UNIMED CARUARU	CARUARU	PE
--------------------	--	----------	----	--	--	------------------------	--------------------	-------------------------	---------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS				
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF	
60.975.737/0020-14	SOCIEDADE BENEFICENTE SAO CAMILO	NOVA VENÉCIA	ES	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 434.059/00-1 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS	20230207.355691.028679	27.431.923/0001-54	CASA DE SAUDE SANTA MONICA (C.O 136 / PRE 21403)	BARRA DE SÃO FRANCISCO	ES

60.975.737/0020-14	SOCIEDADE BENEFICENTE SAO CAMILO	NOVA VENÉCIA	ES	435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 451.844/04-6 451.845/04-4 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	27.431.923/0001-54	CASA DE SAUDE SANTA MONICA (C.O 136 / PRE 21403)	BARRA DE SÃO FRANCISCO	ES
--------------------	----------------------------------	--------------	----	--	--	------------------------	--------------------	--	------------------------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende		OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF				CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF
80.138.621/0001-75	HOSPITAL E MATERNIDADE PINHAIS LIMITADA	PINHAIS	PR	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 451.845/04-4 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1	20230207.355691.028679	76.498.013/0001-02	HOSPITAL NOSSA SENHORA DO PILAR LTDA	CURITIBA	PR

80.138.621/0001-75	HOSPITAL E MATERNIDADE PINHAIS LIMITADA	PINHAIS	PR	7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	76.498.013/0001-02	HOSPITAL NOSSA SENHORA DO PILAR LTDA	CURITIBA	PR
--------------------	---	---------	----	--	------------------------	--------------------	--------------------------------------	----------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS				
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF	
01.148.469/0001-35	HOSPITAL N S DAS GRACAS LTDA ME	JUSSARA	GO	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12	20230207.355691.028679	26.762.526/0001-00	CENTRO MEDICO CIRURGICO SANTA CLARA LTDA EPP	JUSSARA	GO

01.148.469/0001-35	HOSPITAL N S DAS GRACAS LTDA ME	JUSSARA	GO	435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	26.762.526/0001-00	CENTRO MEDICO CIRURGICO SANTA CLARA LTDA EPP	JUSSARA	GO
--------------------	---------------------------------	---------	----	--	---	------------------------	--------------------	--	---------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS				
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF	
01.795.904/0001-13	CLINICA AMPARHO RAOA LTDA ME	GOIÂNIA	GO	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 434.059/00-1 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 451.844/04-6 451.845/04-4 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123	20230207.355691.028679	01.531.714/0001-99	SAID RASSI	GOIÂNIA	GO

01.795.904/0001-13	CLINICA AMPARHO RAOA LTDA ME	GOIÂNIA	GO	480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	01.531.714/0001-99	SAID RASSI	GOIÂNIA	GO
--------------------	------------------------------	---------	----	--	--	------------------------	--------------------	------------	---------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS				
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF	
02.098.853/0001-33	HOSPITAL E MATERNIDADE DONA LATIFA LTDA	INHUMAS	GO	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS	20230207.355691.028679	37.036.761/0001-03	ORGANIZACAO HOSPITALAR PROVITA LTDA EPP	TRINDADE	GO

02.098.853/0001-33	HOSPITAL E MATERNIDADE DONA LATIFA LTDA	INHUMAS	GO	435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	37.036.761/0001-03	ORGANIZACAO HOSPITALAR PROVITA LTDA EPP	TRINIDADE	GO
--------------------	---	---------	----	--	---	------------------------	--------------------	---	-----------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF
07.591.591/0002-49	ASSOCIACAO FILANTROPICO MONTES BELOS SOLIDARIA	FIRMINÓPOLIS	GO	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS	20230207.355691.028679	07.902.269/0001-02	HOSPITAL VITAL LTDA	SÃO LUÍS DE MONTES BELOS	GO

07.591.591/0002-49	ASSOCIACAO FILANTROPICO MONTES BELOS SOLIDARIA	FIRMINÓPOLIS	GO	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123	20230207.355691.028679	07.902.269/0001-02	HOSPITAL VITAL LTDA	SÃO LUÍS DE MONTES BELOS	GO
--------------------	--	--------------	----	--	---	------------------------	--------------------	---------------------	--------------------------	----

07.591.591/0002-49	ASSOCIACAO FILANTROPICO MONTES BELOS SOLIDARIA	FIRMINÓPOLIS	GO	7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	07.902.269/0001-02	HOSPITAL VITAL LTDA	SÃO LUÍS DE MONTES BELOS	GO
--------------------	--	--------------	----	--	------------------------	--------------------	---------------------	--------------------------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF

				1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A 3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-BASICO 6003-13						
33.398.066/0001-30	INSTITUTO COLOPROCTOLOGIA DE GOIANIA LTDA	GOIÂNIA	GO	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 434.058/00-1 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 451.844/04-6 451.845/04-4 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9	20230207.355691.028679	01.531.714/0001-99	SAID RASSI	GOIÂNIA	GO	

33.398.066/0001-30	INSTITUTO COLOPROCTOLOGIA DE GOIANIA LTDA	GOIÂNIA	GO	474.045/15-9 474.750/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-BASICO 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	01.531.714/0001-99	SAID RASSI	GOIÂNIA	GO
--------------------	---	---------	----	--	---	------------------------	--------------------	------------	---------	----

PRESTADOR EXCLUÍDO:				Planos/ produtos que o prestador atende	OFÍCIO/ PROTOCOLO/ANS DEFERIMENTO	PRESTADOR(ES) QUE ABSORVERAM OS ATENDIMENTOS			
CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF			CNPJ	RAZÃO SOCIAL	MUNICÍPIO	UF
37.265.386/0001-73	CLÍNICA DE PLÁSTICA ROBERTO KALUF LTDA ME	GOIÂNIA	GO	1-123 1-BAS 10-1 10-123 12-12 12-123 12-BAS 13-1 13-12 13-123 13-2 13-23 13-3 13-BAS 14-2 14-23 14-3 14-BAS 15-2 15-BAS 16-123 16-2 20-BAS 24-ESP 25-A 27-A 29-A	20230207.355691.028679	01.531.714/0001-99	SAID RASSI	GOIÂNIA	GO

37.265.386/0001-73	CLINICA DE PLASTICA ROBERTO KALUF LTDA ME	GOIÂNIA	GO	420.681/99-9 434.052/00-3 434.053/00-1 434.054/00-0 434.055/00-8 434.057/00-4 434.059/00-1 435.180/01-1 435.182/01-7 435.183/01-5 435.184/01-3 435.185/01-1 435.186/01-0 435.187/01-8 435.188/01-6 435.190/01-8 435.191/01-6 435.192/01-4 435.193/01-2 435.194/01-1 435.195/01-9 435.196/01-7 435.197/01-5 435.198/01-3 435.199/01-1 435.200/01-9 448.675/04-7 448.676/04-5 451.842/04-0 451.843/04-8 451.844/04-6 451.845/04-4 454.728/06-4 454.729/06-2 454.730/06-6 454.731/06-4 454.738/06-1 454.739/06-0 454.742/06-0 454.743/06-8 464.353/11-4 464.590/11-1 464.592/11-8 467.315/12-8 470.171/13-2 472.564/14-6 474.044/15-1 474.045/15-9 474.759/15-3 475.500/16-6 477.870/17-7 477.871/17-5 478.393/17-0 478.394/17-8 479.333/17-1 479.845/18-7 480.257/18-8 480.258/18-6 480.517/18-8 480.520/18-8 480.856/18-8 480.857/18-6 482.209/19-9 483.916/19-1 486.206/20-6 486.209/20-1 486.210/20-4 487.923/21-6 487.924/21-4	3-1 3-12 3-123 3-13 3-2 3-23 3-3 3-BAS 30-A 31-A 31-ESP 39-123 40-12 40-123 40-2 40-23 40-3 40-BAS 41-123 5-1 5-12 5-123 5-23 5-3 5-3 5-BAS 50-1 50-12 50-2 50-23 50-BAS 5000-123 6-1 6-12 6-123 6-13 6-2 6-23 6-3 6-BAS 6000-1 6000-12 6000-13 6000-13 6000-BASICO 6001-1 6001-12 6001-123 6001-13 6001-2 6001-23 6001-3 6001-3 6001-BASICO 6003-13 6003-BASICO 6004-1 6004-12 6004-123 6004-13 6004-2 6004-3 6004-3 6004-BASICO 6005-3 6005-3 6005-BASICO 6006-123 6006-13 6006-3 6006-BASICO 6007-12 6007-13 6007-13 6007-3 6007-BAS 6975-1 6975-12 6975-123 6975-13 6975-3 6975-BAS 6976-1 6976-13 6976-3 6976-BAS 7-1 7-12 7-123 7-2 7-23 7-BAS 70-1 70-12 70-123 70-2 70-23 70-BAS 8-1 8-12 8-123 8-13 8-2 8-23 8-BAS 9-12 9-123 9-2 9-23 9-BAS	20230207.355691.028679	01.531.714/0001-99	SAID RASSI	GOIÂNIA	GO
--------------------	---	---------	----	--	--	------------------------	--------------------	------------	---------	----