**  
PONTA GROSSA-PR  2- Nº Guia no Prestador  
ANS – 318299 GUIA DE SERVIÇO PROFISSIONAL / SERVIÇO AUXILIAR DE**

**DIAGNÓSTICO E TERAPIA - SP/SADT**

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| 1 - Registro ANS  318299 | 3 - Nº Guia Principal (Paciente Internado) |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | | | | | |
| 4 - Data de Autorização  |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| | | | 5 - Senha|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | | | | | | 6 - Data de Validade da Senha  |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|\_\_| | | 7 - Número da Guia Atribuído pela Operadora  |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | | | | |
| **Dados do Beneficiário** | | | | | | | | | | | | | | | |
| 8 - Número da Carteira | | 9 – Validade\_\_/\_\_/\_\_\_ | | | 10 – Nome | | | | | | | | 11 - Cartão Nacional de Saúde|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_ | | 12 - Atendimento a RN |\_\_| | |
| **Dados do Contratado Solicitante** | | | | | | | | | | | | | | | |
| 13 - Código na Operadora|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | | | | | | | | 14 - Nome do Contratado | | | | | | | |
| 15 - Nome do Profissional Solicitante | | | | 6 - Conselho Profissional | | 17 - Número no Conselho || | | | | 18 - UF|\_\_|\_\_| | | 19 - Código CBO|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | | 20 - Assinatura do Profissional Solicitante\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Dados da Solicitação / Procedimentos e Exames Solicitados** | | |
| 21 - Caráter do Atendimento | | | 22 - Data da Solicitação\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | 23 - Indicação Clínica |

| **24-Tabela** | **25-Código do Proc ou Item Assist.** | **26-Descrição** | **27-Qt. Solic.** | **28-Qt Autoriz.** |
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| 1 - |\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_ \_| | |\_\_|\_\_|\_\_| |
| 2 - |\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_ \_| | |\_\_|\_\_|\_\_| |
| 3 - |\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_ \_| | |\_\_|\_\_|\_\_| |
| 4 - |\_\_|\_\_| | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_ \_| | |\_\_|\_\_|\_\_| |
| 5 - |\_\_|\_\_| | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_ \_| | |\_\_|\_\_|\_\_| |

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| **Dados do Contratado Executante** | | | | | | |
| 29 - Cód na Operadora|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | | 30 - Nome do Contratado\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 31 - Código CNES|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |
| **Dados do Atendimento** | | | | | | |
| 32-Tipo de Atendimento  |\_\_|\_\_| | 33 - Indicação de Acidente (acidente ou doença relacionada)  |\_\_\_| | | 34 - Tipo de Consulta  |\_\_| | 35 - Motivo de Encerramento do Atendimento  |\_\_|\_\_| |
| **Dados da Execução / Procedimentos e Exames Realizados** | | | | | | |

| **36-Data** | **37-Hora Inicial** | **38-Hora Final** | **39-Tabela** | **40-Código do Proc.** | **41-Descrição** | **42 - Qtde.** | **43-Via** | **44-Tec.** | **45- Fator Red./Acresc.** | **46-Valor Unitário (R$)** | **47-Valor Total (R$)** |
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| 1 - \_\_/\_\_/\_\_\_ | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_|\_\_|\_\_| | |\_\_| | |\_\_| | |\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| |
| 2 - \_\_/\_\_/\_\_\_ | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_|\_\_|\_\_| | |\_\_| | |\_\_| | |\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| |
| 3 - \_\_/\_\_/\_\_\_ | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_|\_\_|\_\_| | |\_\_| | |\_\_| | |\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| |
| 4 - \_\_/\_\_/\_\_\_ | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_|\_\_|\_\_| | |\_\_| | |\_\_| | |\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| |
| 5 - \_\_/\_\_/\_\_\_ | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_|:|\_\_|\_\_| | |\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_|\_\_|\_\_| | |\_\_| | |\_\_| | |\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|,|\_\_|\_\_| |

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

| **48-Seq.Ref** | **49-Grau Part.** | **50-Código na Operadora/CPF** | **51-Nome do Profissional** | **52-Conselho Profissional** | **53-Número no Conselho** | **54-UF** | **55-Código CBO** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |\_\_| | |\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_||\_\_| |
| |\_\_|\_\_| | |\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_||\_\_| |

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| 56-Data de Realização de Procedimento em Série 57-Assinatura do Beneficiário ou Responsável  1-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_ 3-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_ 5-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_ 7-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_ 9-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_  2-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_ 4-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_ 6-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_ 8-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_ 10-|\_\_\_|/|\_\_\_|/|\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 58-Observação / Justificativa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 59-Total de Procedimentos (R$) |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | 60-Total de Taxas e Aluguéis (R$) |\_\_|\_\_|\_\_|\_\_|\_\_| | 61-Total de Materiais (R$) |\_\_|\_\_|\_\_|\_\_|\_\_| | 62-Total de OPME (R$) |\_\_|\_\_|\_\_|\_\_|\_\_| | 63-Total de Medicamentos (R$) |\_\_|\_\_|\_\_|\_\_|\_\_| | 64-Total de Gases Medicinais (R$) |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | | 65-Total Geral (R$)|\_\_|\_\_|\_\_|\_\_|\_\_| |
| 66-Assinatura do Responsável pela Autorização \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 67-Assinatura do Beneficiário ou Responsável \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 68-Assinatura do Responsável pela Autorização do Contratado  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |