CAC
Caixa de Assistência dos Servidores da CEDAE

GUIA DE HONORÁRIO INDIVIDUAL

2- Nº

1 - Registro ANS	3 - Nº Guia de Solicitação / Senha	4 - Data de Emissão da Guia
32186-9	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|	|___|___| / |___|___| / |___|___|

Dados do Beneficiário

5 - Número da Carteira	6 - Plano	7 - Validade da Carteira
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		|___|___| / |___|___| / |___|___|

8 - Nome	9 - Número do Cartão Nacional de Saúde
	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Dados do Contratado (onde foi executado o procedimento)

10 - Código na Operadora / CNPJ / CPF	11 - Nome do Contratado	12 - Código CNES
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		

Dados do Contratado Executante

13 - Código na Operadora / CNPJ / CPF	14 - Nome do Contratado Executante	15- Código CNES	16 - Tipo da Acomodação Autorizada
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|			|___|___|

17-Grau Part.	18 - Nome do Profissional Executante	19 - Conselho Profissional	20 - Número no Conselho	21 - UF	22 - Número no CPF
|___|___|					

Procedimentos Realizados

	23-Data	24-Hora Inicial		25-Hora Final	26-Tabela	27-Código do Procedimento	28-Descrição	29-Qtde.	30-Via	31-Tec.	32-% Red. / Acresc.	33-Valor Unitário - R$	34-Valor Total - R$
1-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|
2-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|
3-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|
4-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|
5-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|
6-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|
7-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|
8-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|
9-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|
10-	|___|___|/|___|___|/|___|___|	|___|___|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	_____	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|

35 - Total Geral Honorários R$
|___|___|___|___|___|___|___|,|___|___|

36 - Observação

37-Data/Hora e Assinatura do Prestador	38-Data/Hora e Assinatura do Beneficiário ou Responsável
|___|___| / |___|___| / |___|___|	|___|___| / |___|___| / |___|___|