CAARF
Rua Espirito Santo,616,12ºAndar

GUIA DE HONORÁRIO INDIVIDUAL

(Somente para pacientes internados)

2- Nº

1 - Registro ANS
416657

3 - Nº Guia de Solicitação / Senha

4 - Data de Emissão da Guia
|___|___| / |___|___| / |___|___|

Dados do Beneficiário

5 - Número da Carteira

6 - Atendimento RN

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 |___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	______	|___|___|	|___|	|___|	|___|___|___|,|___|___|	|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|

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

36 - Observação

37-Data/Hora e Assinatura do Prestador
|___|___| / |___|___| / |___|___|

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