Unimed Recife

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$)
|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|___|___|___|___|___|___|___|,|___|___|