GUIA DE OUTRAS DESPESAS

1 - Registro ANS	2 - Nº Guia Referenciada
305995	

Dados do Contratado Executante

3 - Código na Operadora / CNPJ / CPF	4 - Nome do Contratado	5- Código CNES
|___|___|___|___|___|___|___|___|___|___|___|___|___|		

Código de Despesas Realizadas CD = 1-Gases Medicinais 2-Medicamentos 3-Materiais 4-Taxas Diversas 5-Diárias 6-Aluguéis

	6-CD	7-Data	8-Hora Inicial		9-Hora Final	10-Tabela	11-Código do Item	12 Qtde.	13-% Red. / Acresc.	14-Valor Unitário - R$	15-Valor Total - R$
1-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
2-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
3-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
4-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
5-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
6-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
7-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
8-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
9-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
10-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
11-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
12-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										
13-	|___|	|___|___|/|___|___|/|___|___|	|___|__|:|___|___|	a	|___|___|:|___|___|	|___|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição										

17 - Total Gases Medicinais R$	18 - Total Medicamentos R$	19 - Total Materiais R$	20 - Total Taxas Diversas R$	21 - Total Diárias R$	22 - Total Aluguéis R$	23 - Total Geral R$
|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|