

**TERMO ADITIVO AO CONTRATO DE PRESTAÇÃO DE SERVIÇOS MÉDICOS**

CENTRO INTEGRADO DE ONCOLOGIA DE CURITIBA, pessoa jurídica de direito privado, inscrita no C.N.P.J. sob número 07.734.165/0001-36, com registro no Cadastro Nacional de Estabelecimentos de Saúde sob o número 5227755 sede e foro na cidade de CURITIBA, estado de PARANÁ, à RUA DESEMBARGADOR VIEIRA CAVALCANTI, Nº 1152, Bairro MERCES, CEP: 80810-050, neste ato representado (a) por seu representante legal, doravante simplesmente denominado (a) **CONTRATADA**, e de outro lado,

**AGEMED SAÚDE S.A.**, pessoa jurídica de direito privado, inscrita no CNPJ sob nº 02.933.220/0001-01, com registro na Agência Nacional de Saúde Suplementar sob o nº 33960-1, com sede e foro na cidade de Joinville, Estado de Santa Catarina, na Rua Dr. Plácido Olímpio de Oliveira, nº 693, Bairro Bucarein, CEP 89202-450, doravante denominada **CONTRATANTE**.

As partes em decorrência do Contrato de Prestação de Serviços (o "**Contrato**"), firmado em 05 de janeiro de 2017, resolvem, de comum acordo, estabelecer o presente aditamento (o "**Termo Aditivo**"), a ser firmado com vigência a partir de 05 de janeiro de 2018, para acrescentar o que segue:

**1 – DO OBJETO**

1.1 O presente termo aditivo tem por objeto reajustar os valores, conforme especificado no Anexo I.

**2 - DA CONTRATADA**

2.1. O **CONTRATADO** compromete-se a prestar assistência aos beneficiários vinculados ao contrato, de acordo com o perfil assistencial, a(s) especialidade(s) e o regime de atendimento conforme já estipulado em contrato.

2.1.1. É facultado às partes analisar e negociar a inclusão e a exclusão de serviços/procedimentos durante a vigência do contrato.

2.2. O presente instrumento abrange as coberturas previstas no Rol de Procedimentos e Diretrizes de Utilização instituídos pela Agência Nacional de Saúde Suplementar – ANS aos beneficiários regularmente inscritos, na forma e condições deste instrumento. Os serviços ora pactuados visam a prevenção da doença, a recuperação e a manutenção da saúde, observando-se a legislação vigente e os termos deste instrumento, em especial, as coberturas contratadas pelos beneficiários da **CONTRATANTE**.

**3 - DAS OBRIGAÇÕES**

3.1. É vedada qualquer cobrança de despesas e honorários diretamente ao beneficiário da **CONTRATANTE**, bem como negligência de atendimento, referentes aos serviços contratados neste instrumento, sob pena de desconto dos valores ressarcidos ao beneficiário no próximo pagamento do **CONTRATADO**.



3.2. O agendamento das consultas, exames e quaisquer outros procedimentos e atendimentos deve ser feito de maneira a atender às necessidades dos beneficiários da **CONTRATANTE**, dentro do padrão e horário contratados, conforme determina a ANS no art. 3º da Resolução Normativa nº 259/2011 e suas atualizações, privilegiando os casos de emergência ou urgência, assim como as pessoas com mais de 60 (sessenta) anos de idade, gestantes, lactantes, lactentes e crianças até 5 (cinco) anos de idade.

#### **4 - DA CONFIDENCIALIDADE**

4.1. As partes acordam que “Confidencialidade” refere-se (i) às informações relativas aos métodos e políticas de negócios, procedimentos e informações financeiras, pagamento, estratégias, técnicas, projetos, desenvolvimento e resultados de pesquisa, segredos comerciais, ou outros métodos ou processos de conhecimentos que são ou serão desenvolvidos pela **CONTRATANTE**; (ii) quaisquer informações acerca dos clientes ou compradores da **CONTRATANTE**, inclusive nomes e endereços, independentemente de se referirem ao passado, presente, ou futuro; e ainda, (iii) outras informações referentes aos acordos e transações inerentes aos negócios ou atividades da **CONTRATANTE**, que vierem ao conhecimento do **CONTRATADO** durante a execução dos serviços, não sendo estas informações de conhecimento do público, ou verificáveis por terceiros que possam obter lucros ou vantagens com o uso dessas informações.

4.2. O **CONTRATADO** não induzirá, nem aliciará, durante o Período de Prestação de Serviços, nenhum paciente ou representante da **CONTRATANTE** a rescindir seu contrato de trabalho, ou prejudicar, de qualquer forma, seu relacionamento com a **CONTRATANTE**.

#### **5 - DO ATENDIMENTO**

5.1. O atendimento de beneficiário excluído do plano de assistência à saúde, mas que esteja de posse da carteira personalizada de identificação expedida pela **CONTRATANTE**, dentro do período de validade, **NÃO DEVERÁ** ser realizado, considerando que há sistema WEB para consultas e autorizações prévias, sendo de exclusiva responsabilidade do **CONTRATADO** esse atendimento.

5.2. Caberá ao **CONTRATADO** solicitar previamente à **CONTRATANTE** senha de autorização, que será concedida por meio eletrônico, autorizador WEB ou na própria guia nos casos cabíveis, sob pena de glosa do pagamento das referidas despesas.

#### **6 - DOS REAJUSTES**

6.1. As partes estabelecem a negociação amigável para os próximos reajustes, modificando, por consequência toda cláusula 6ª do Contrato, conforme segue:

#### **CLÁUSULA SEXTA**

6.1 . Para manter o equilíbrio econômico e financeiro do contrato, as partes acordam que deverão, após o 12º (décimo segundo) mês de aniversário do contrato, em comum acordo, reajustar os valores de remuneração previstos no contrato, conforme negociação amigável.

# SECRET

1. The purpose of this document is to provide information regarding the status of the project and the progress of the work. The information is classified as SECRET and is to be controlled accordingly.

## 2. SUMMARY OF WORK

The work has been carried out in accordance with the plan of work approved by the Committee. The progress of the work has been satisfactory and the results of the work are being reported to the Committee. The work has been carried out in accordance with the plan of work approved by the Committee. The progress of the work has been satisfactory and the results of the work are being reported to the Committee.

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## 3. CONCLUSIONS

The work has been carried out in accordance with the plan of work approved by the Committee. The progress of the work has been satisfactory and the results of the work are being reported to the Committee.

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## 4. REFERENCES

The work has been carried out in accordance with the plan of work approved by the Committee. The progress of the work has been satisfactory and the results of the work are being reported to the Committee.

## 5. APPENDICES

The work has been carried out in accordance with the plan of work approved by the Committee. The progress of the work has been satisfactory and the results of the work are being reported to the Committee.

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6.2 Caso as partes não cheguem em consenso quanto aos valores de reajuste a serem aplicados até a data em que contrato completar 12 (doze) meses, será aplicado o índice estabelecido pela Agência Nacional de Saúde Suplementar – ANS, conforme RN nº 364/2014 e RN nº 391/2015, nos termos regulamentados pela Diretoria de Desenvolvimento Setorial da ANS, por meio da IN nº 63/2016.

6.3 Para os pacotes negociados, o índice de reajuste pactuado será aplicado exclusivamente para as taxas, materiais e medicamentos, excluindo-se honorários médicos, taxa de comercialização e OPMES inseridos nos pacotes.

6.4 O índice de reajuste definido pelas partes não se aplicará aos materiais e medicamentos, nutrição enteral e parenteral, bem como às órteses, próteses, materiais especiais (OPME) e à taxa de comercialização.

6.5 Para materiais e medicamentos negociados conforme tabela 00 da Operadora, o reajuste será aplicado conforme regras estabelecidas no item 6.1 e não se aplicará o reajuste para as OPMES negociadas em tabela 00.

## 7 - DA FORMA DE PAGAMENTO

7.1. O **CONTRATADO** remeterá obrigatoriamente à **CONTRATANTE** documentação fiscal hábil, nos formulários adequados, utilizando o sistema WEB da **CONTRATANTE**, enviando as cobranças no formato *Extensible Markup Language* (XML), correspondente aos serviços prestados, na forma da Resolução Normativa nº 295/2012 emitida pela Agência Nacional de Saúde Suplementar – ANS e suas atualizações, sem o que não poderá ser processado o respectivo pagamento.

7.1.1. As glosas efetuadas em decorrência de falta de assinatura do(a) beneficiário(a), falta de preenchimento nos campos obrigatórios da guia TISS (ex: Guia de Honorários Médicos – campo nº 17), falta de senha de autorização para exames, falta de guia física e outras inconsistências, serão informadas por meio de extrato de pagamento que será disponibilizado ao **CONTRATADO** pela internet no site da **CONTRATANTE**.

7.1.2. A apresentação do recurso de glosa, desde que justificando a contestação por escrito (via postal) ou por e-mail para [recursoglosa@agemed.com.br](mailto:recursoglosa@agemed.com.br) ou outra forma eleita pelas partes, deverá ser feita no prazo máximo de 60 (sessenta) dias a contar da data de pagamento. A **CONTRATANTE** terá o mesmo prazo de 60 (sessenta) dias para se manifestar quanto à procedência e/ou improcedência das glosas.

7.1.3. Assistindo razão ao **CONTRATADO** quanto à invalidação das glosas, a **CONTRATANTE** efetuará o pagamento referente aos valores acatados para os recursos apresentados num prazo de até 60 (sessenta) dias contados da manifestação quanto à procedência e/ou improcedência das glosas, mediante nota fiscal complementar solicitada pela **CONTRATANTE**.

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1. 2017年12月31日，甲公司“应付账款”科目所属各明细科目的期末贷方余额如下：应付账款—A公司100万元，应付账款—B公司200万元，应付账款—C公司150万元。甲公司2017年12月31日资产负债表“应付账款”项目期末余额为（ ）万元。  
 A. 450  
 B. 350  
 C. 250  
 D. 150

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THE UNIVERSITY OF CHICAGO  
CHICAGO, ILLINOIS

7.1.4. Os recursos apresentados intempestivamente ou não justificados conforme previsto no item 7.1.2 não serão acatados, prevalecendo a glosa e não cabendo novo recurso.

7.1.5. Não caberão recursos de glosas técnicas efetuadas por meio de auditorias *in loco*.

7.2. O prazo máximo para entrega e cobrança das faturas é de 90 (noventa) dias, contados a partir das altas hospitalares ou da data de atendimento quando tratar-se de Pronto Atendimento. Esgotado esse prazo, os respectivos documentos não serão mais aceitos pela **CONTRATANTE**, de modo que as cobranças enviadas intempestivamente serão consideradas quitadas e devidamente arquivadas, ficando expressamente vedada a cobrança destes valores diretamente do beneficiário.

7.3. Em caso de mora, o **CONTRATADO** fará jus ao recebimento de seu crédito corrigido pelo INPC ou outro índice que venha a substituí-lo, acrescido de juros de 1% (um por cento) ao mês.

7.4. No que compete à cobrança dos pacotes de serviços ajustados entre as Partes, fica estabelecido que a **CONTRATANTE** fica limitada ao pagamento exclusivo do pacote, inexistindo qualquer cobrança adicional, independentemente da forma como o serviço vier a ser prestado em qualquer caso.

7.5. Não poderão ser objeto de cobrança quaisquer itens que não estejam previamente acordados no pacote, independentemente de intercorrências no momento da prestação dos serviços.

7.6. Fica convencionado entre as Partes que os honorários médicos podem ser objeto de cobrança separada, desde que não estejam previstos no pacote previamente negociado.

## 8 - DA DIVULGAÇÃO

8.1. O **CONTRATADO** deverá comunicar à **CONTRATANTE** qualquer alteração dos seus dados cadastrais, passando então, os dados alterados, a constar do registro do **CONTRATADO** nas relações de entidades credenciadas, emitidas pela **CONTRATANTE**

8.2. Qualquer insatisfação ou negociação relacionadas à prestação dos serviços, aos pagamentos e às condições previstas, deverão ser tratadas diretamente entre as partes, sem envolvimento dos beneficiários, respeitado o contrato e, em especial, as condições previstas na cláusula terceira do contrato principal.

## 9 - DA VIGÊNCIA E RESCISÃO

9.1. O contrato principal tem prazo indeterminado, com início de vigência na data de sua assinatura, sendo facultada, tanto à **CONTRATANTE** quanto ao **CONTRATADO**, sua rescisão, desde que a outra parte seja notificada por escrito com antecedência de, no mínimo, 90 (noventa) dias, esclarecendo-se que esse recurso não quita eventuais débitos não saldados.

9.2. A rescisão motivada pelo **CONTRATADO** fica condicionada à garantia efetiva de atendimento integral dos beneficiários da **CONTRATANTE** em outra entidade hospitalar de mesmo porte e qualidade, bem como no mesmo município, na forma da Lei Federal nº 9.656/98.

9.3. É vedado ao **CONTRATADO** suspender atendimento aos beneficiários da **CONTRATANTE** sem que esta tenha formalizado o pedido de rescisão contratual de acordo

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1. The first step in the process of identifying a problem is to define the problem. This involves identifying the symptoms of the problem and determining the scope of the problem.

$\mathcal{H}^1(\mathbb{R}^n) \subset \mathcal{H}^1(\mathbb{R}^n)$  and  $\mathcal{H}^1(\mathbb{R}^n) \subset \mathcal{H}^1(\mathbb{R}^n)$  are the Hardy spaces of functions of vanishing mean and of vanishing mean and vanishing mean, respectively.

10. 2010年12月15日，甲公司以公允价值为1000万元的固定资产换入乙公司公允价值为800万元的固定资产，换入资产的公允价值占换出资产公允价值的80%，甲公司另收到补价200万元。假定不考虑相关税费，甲公司应确认的损益为（ ）元。  
 A. 0  
 B. 200  
 C. 160  
 D. 180

$\mathcal{H}^1(\mathbb{R}^n) \subset \mathcal{H}^1(\mathbb{R}^n)$  and  $\mathcal{H}^1(\mathbb{R}^n) \subset \mathcal{H}^1(\mathbb{R}^n)$  are the Hardy spaces of functions of vanishing mean and of vanishing mean and vanishing mean at infinity, respectively.

On the other hand, the  $\beta$ -phase is a high-temperature phase, and the  $\beta$ -phase content is expected to increase with increasing temperature. The  $\beta$ -phase content is expected to increase with increasing temperature, and the  $\beta$ -phase content is expected to increase with increasing temperature.

Figure 1. *Staphylococcus aureus* strains used in this study.

the 1990s, the number of people in the United States who are 65 years of age or older has increased by 50 percent, and the number of people 75 years of age or older has increased by 100 percent. The number of people 85 years of age or older has increased by 200 percent. The number of people 95 years of age or older has increased by 400 percent. The number of people 100 years of age or older has increased by 1,000 percent. The number of people 105 years of age or older has increased by 2,000 percent. The number of people 110 years of age or older has increased by 4,000 percent. The number of people 115 years of age or older has increased by 8,000 percent. The number of people 120 years of age or older has increased by 16,000 percent. The number of people 125 years of age or older has increased by 32,000 percent. The number of people 130 years of age or older has increased by 64,000 percent. The number of people 135 years of age or older has increased by 128,000 percent. The number of people 140 years of age or older has increased by 256,000 percent. The number of people 145 years of age or older has increased by 512,000 percent. The number of people 150 years of age or older has increased by 1,024,000 percent. The number of people 155 years of age or older has increased by 2,048,000 percent. The number of people 160 years of age or older has increased by 4,096,000 percent. The number of people 165 years of age or older has increased by 8,192,000 percent. The number of people 170 years of age or older has increased by 16,384,000 percent. The number of people 175 years of age or older has increased by 32,768,000 percent. The number of people 180 years of age or older has increased by 65,536,000 percent. The number of people 185 years of age or older has increased by 131,072,000 percent. The number of people 190 years of age or older has increased by 262,144,000 percent. The number of people 195 years of age or older has increased by 524,288,000 percent. The number of people 200 years of age or older has increased by 1,048,576,000 percent. The number of people 205 years of age or older has increased by 2,097,152,000 percent. The number of people 210 years of age or older has increased by 4,194,304,000 percent. The number of people 215 years of age or older has increased by 8,388,608,000 percent. The number of people 220 years of age or older has increased by 16,777,216,000 percent. The number of people 225 years of age or older has increased by 33,554,432,000 percent. The number of people 230 years of age or older has increased by 67,108,864,000 percent. The number of people 235 years of age or older has increased by 134,217,728,000 percent. The number of people 240 years of age or older has increased by 268,435,456,000 percent. The number of people 245 years of age or older has increased by 536,870,912,000 percent. The number of people 250 years of age or older has increased by 1,073,741,824,000 percent. The number of people 255 years of age or older has increased by 2,147,483,648,000 percent. The number of people 260 years of age or older has increased by 4,294,967,296,000 percent. The number of people 265 years of age or older has increased by 8,589,934,592,000 percent. The number of people 270 years of age or older has increased by 17,179,869,184,000 percent. The number of people 275 years of age or older has increased by 34,359,738,368,000 percent. The number of people 280 years of age or older has increased by 68,719,476,736,000 percent. The number of people 285 years of age or older has increased by 137,438,953,472,000 percent. The number of people 290 years of age or older has increased by 274,877,906,944,000 percent. The number of people 295 years of age or older has increased by 549,755,813,888,000 percent. The number of people 300 years of age or older has increased by 1,099,511,627,776,000 percent. The number of people 305 years of age or older has increased by 2,199,023,255,552,000 percent. The number of people 310 years of age or older has increased by 4,398,046,511,104,000 percent. The number of people 315 years of age or older has increased by 8,796,093,022,208,000 percent. The number of people 320 years of age or older has increased by 17,592,186,044,416,000 percent. The number of people 325 years of age or older has increased by 35,184,372,088,832,000 percent. The number of people 330 years of age or older has increased by 70,368,744,177,664,000 percent. The number of people 335 years of age or older has increased by 140,737,488,355,328,000 percent. The number of people 340 years of age or older has increased by 281,474,976,710,656,000 percent. The number of people 345 years of age or older has increased by 562,949,953,421,312,000 percent. The number of people 350 years of age or older has increased by 1,125,899,906,842,624,000 percent. The number of people 355 years of age or older has increased by 2,251,799,813,685,248,000 percent. The number of people 360 years of age or older has increased by 4,503,599,627,370,496,000 percent. The number of people 365 years of age or older has increased by 9,007,199,254,740,992,000 percent. The number of people 370 years of age or older has increased by 18,014,398,509,481,984,000 percent. The number of people 375 years of age or older has increased by 36,028,797,018,963,968,000 percent. The number of people 380 years of age or older has increased by 72,057,594,037,927,936,000 percent. The number of people 385 years of age or older has increased by 144,115,188,075,855,872,000 percent. The number of people 390 years of age or older has increased by 288,230,376,151,711,744,000 percent. The number of people 395 years of age or older has increased by 576,460,752,303,423,488,000 percent. The number of people 400 years of age or older has increased by 1,152,921,504,606,846,976,000 percent. The number of people 405 years of age or older has increased by 2,305,843,009,213,693,952,000 percent. The number of people 410 years of age or older has increased by 4,611,686,018,427,387,904,000 percent. The number of people 415 years of age or older has increased by 9,223,372,036,854,775,808,000 percent. The number of people 420 years of age or older has increased by 18,446,744,073,709,551,616,000 percent. The number of people 425 years of age or older has increased by 36,893,488,147,419,103,232,000 percent. The number of people 430 years of age or older has increased by 73,786,976,294,838,206,464,000 percent. The number of people 435 years of age or older has increased by 147,573,952,589,676,412,928,000 percent. The number of people 440 years of age or older has increased by 295,147,905,179,352,825,856,000 percent. The number of people 445 years of age or older has increased by 590,295,810,358,705,651,712,000 percent. The number of people 450 years of age or older has increased by 1,180,591,620,717,411,303,424,000 percent. The number of people 455 years of age or older has increased by 2,361,183,241,434,822,606,848,000 percent. The number of people 460 years of age or older has increased by 4,722,366,482,869,645,213,696,000 percent. The number of people 465 years of age or older has increased by 9,444,732,965,739,290,427,392,000 percent. The number of people 470 years of age or older has increased by 18,889,465,931,478,580,854,784,000 percent. The number of people 475 years of age or older has increased by 37,778,931,862,957,161,709,568,000 percent. The number of people 480 years of age or older has increased by 75,557,863,725,914,323,419,136,000 percent. The number of people 485 years of age or older has increased by 151,115,727,451,828,646,838,272,000 percent. The number of people 490 years of age or older has increased by 302,231,454,903,657,293,676,544,000 percent. The number of people 495 years of age or older has increased by 604,462,909,807,314,587,353,088,000 percent. The number of people 500 years of age or older has increased by 1,208,925,819,614,629,174,706,176,000 percent. The number of people 505 years of age or older has increased by 2,417,851,639,229,258,349,412,352,000 percent. The number of people 510 years of age or older has increased by 4,835,703,278,458,516,698,824,704,000 percent. The number of people 515 years of age or older has increased by 9,671,406,556,917,033,397,649,408,000 percent. The number of people 520 years of age or older has increased by 19,342,813,113,834,066,795,298,816,000 percent. The number of people 525 years of age or older has increased by 38,685,626,227,668,133,590,597,632,000 percent. The number of people 530 years of age or older has increased by 77,371,252,455,336,267,181,195,264,000 percent. The number of people 535 years of age or older has increased by 154,742,504,910,672,534,362,390,528,000 percent. The number of people 540 years of age or older has increased by 309,485,009,821,345,068,724,781,056,000 percent. The number of people 545 years of age or older has increased by 618,970,019,642,690,137,449,562,112,000 percent. The number of people 550 years of age or older has increased by 1,237,940,039,285,380,274,899,124,224,000 percent. The number of people 555 years of age or older has increased by 2,475,880,078,570,760,549,798,248,448,000 percent. The number of people 560 years of age or older has increased by 4,951,760,157,141,521,099,596,496,896,000 percent. The number of people 565 years of age or older has increased by 9,903,520,314,283,042,199,193,993,792,000 percent. The number of people 570 years of age or older has increased by 19,807,040,628,566,084,398,387,987,584,000 percent. The number of people 575 years of age or older has

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 200 million to 400 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

1. *Phragmites australis* (Cav.) Trin. ex Steud.

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*Journal of Interpersonal Violence* 26(10) 1978-1997  
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com a cláusula décima segunda, sob pena de multa rescisória nos termos pactuados na cláusula décima terceira.

## **10 - DA COBRANÇA DIRETA DE DESPESAS COBERTAS**

10.1. Não será permitida a cobrança de valores adicionais diretamente aos beneficiários ou seus responsáveis cujos atendimentos sejam contratualmente assegurados e previamente autorizados.

## **11 - DO FORO**

11.1. Fica eleito o foro da Comarca sede do **CONTRATADO**, onde serão prestados os serviços, para dirimir dúvidas, omissões e solucionar conflitos que porventura surjam no cumprimento deste instrumento ou do contrato principal, renunciando a qualquer outro, por mais privilegiado que seja.

Desta forma, por estarem justas e acordadas, as partes assinam o presente instrumento em duas vias de igual teor e forma, para um só efeito legal, na presença de duas testemunhas.

Joinville, 05 de janeiro de 2018

\_\_\_\_\_  
**AGEMED SAÚDE S.A.**  
**CONTRATANTE**

\_\_\_\_\_  
**CENTRO INTEGRADO DE ONCOLOGIA DE CURITIBA**  
**CONTRATADA**

### **TESTEMUNHAS:**

1. \_\_\_\_\_  
Nome:  
CPF:

2. \_\_\_\_\_  
Nome:  
CPF:

\_\_\_\_\_  
Rua Doutor Plácido Olímpio de Oliveira, 693 – Bairro Bucarein – Joinville – SC – CEP 89202-450  
(47) 3461-4444 – [www.agemed.com.br](http://www.agemed.com.br)

**ANS Nº 33960-1**

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2. *Handwritten text, possibly a title or subject line.*

3. *Handwritten text, possibly a name or address.*

4. *Handwritten text, possibly a description or details.*

5. *Handwritten text, possibly a signature or date.*

6. *Handwritten text, possibly a list or items.*

7. *Handwritten text, possibly a conclusion or final note.*

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9. *Handwritten text, possibly a date or reference.*

10. *Handwritten text, possibly a title or subject.*

11. *Handwritten text, possibly a name or address.*

12. *Handwritten text, possibly a description or details.*

13. *Handwritten text, possibly a conclusion or final note.*

14. *Handwritten text, possibly a signature or date.*

## ANEXO I

A) **Consulta Médica Código 10101012:** R\$ 86,40 (oitenta e seis reais e quarenta centavos) - Plano Básico e Plano Especial. 82,44

B) **Consulta Ambulatorial por Nutricionista:** (Código Qualivida: 1017) Código - 50000560 (TUSS) R\$ 46,35 (quarenta e seis reais e trinta e cinco centavos) por sessão. 43,75

C) **Honorários Médicos:** serão pagos apenas os Portes, de acordo com a CBHPM (Classificação Brasileira Hierarquizada de Procedimentos Médicos) 5ª Edição com acréscimo de 3% (três por cento) no porte. Conforme resolução Normativa ANS usar código Tabela TUSS – Tabela Unificada de Saúde Suplementar. 160A4

D) **SADT– Serviço Auxiliar de Diagnóstico e Terapia:** serão pagos de acordo com a CBHPM (Classificação Brasileira Hierarquizada de Procedimentos Médicos) 4ª Edição com redutor de 15% (quinze por cento) no Porte e redutor de 16% (dezesseis por cento) na UCO. Conforme resolução Normativa ANS usar código Tabela TUSS – Tabela Unificada de Saúde Suplementar. 177 211

E) **Material/Medicamentos/Soluções/Oncológicos/Imunobiológicos:**

☒ **Medicamentos:** serão pagos pela tabela BRASÍNDICE na condição de Preço de Fábrica acrescido de 13% (treze por cento). Para medicamentos não constantes na BRASÍNDICE, serão pagos pela tabela 00. 134 15

☒ **Soluções:** serão pagos pela tabela BRASÍNDICE na condição de Preço de Fábrica acrescido de 13% (treze por cento). 134 15

☒ **Materiais:** serão pagos pela tabela SIMPRO na condição de Preço de Fábrica acrescido de 13% (treze por cento). Para materiais não constantes na tabela SIMPRO, serão pagos pela tabela 00. 134 15

Medicamentos Oncológicos, Imunobiológicos e de alto custo 134 15 serão pagos pela tabela BRASÍNDICE na condição de Preço de Fábrica acrescidos de 13% (treze por cento). Deverá ser solicitado o princípio ativo da medicação e deverá ser autorizado previamente pela operadora, serão pagos os medicamentos autorizados não havendo possibilidade de troca para o medicamento referencial. Será pago conforme miligramagem utilizada.

Medicamentos de uso restrito: serão pagos conforme tabela Brasíndice PF acrescido de 3% (três por cento). Antes só era PF

Na ausência de referência na SIMPRO ou na BRASÍNDICE, os materiais descartáveis, medicamentos e soluções serão pagos conforme tabela negociada entre as partes com código de identificação tipo tabela 00, que será passado ao prestador para efeitos de pagamento via arquivo XML.

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1. The first group of respondents (Group 1) consisted of 100 individuals who were randomly selected from the general population of the United States. This group was used to establish the baseline for the study.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.2 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 200 million to 400 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

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*Journal of Management Education* 30(6)p.789-804

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Figure 1. The effect of the concentration of the  $\text{H}_2\text{O}_2$  solution on the amount of the released  $\text{H}_2\text{O}$  from the  $\text{H}_2\text{O}_2$ -loaded hydrogel. The amount of the released  $\text{H}_2\text{O}$  was measured by the weight difference of the hydrogel before and after the release. The concentration of the  $\text{H}_2\text{O}_2$  solution was 0.1, 0.2, 0.3, 0.4, 0.5, 0.6, 0.7, 0.8, 0.9, and 1.0 wt. %.

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...and the

**F) Taxas:**

Código TUSS	Taxa/diária	Unidade	Reajuste 2%
60000481	TAXA COMPACTA DE SALA DE SESSAO DE QUIMIOTERAPIA AMBULATORIA	USO	R\$ 122,40
60023384	TAXA POR USOSSESSAO DE SALA DE PROCEDIMENTO AMBULATORIAL	USO	R\$ 30,60

120,00  
30,60

Joinville, 05 de janeiro de 2018

\_\_\_\_\_  
**AGEMED SAÚDE S/A**  
**CONTRATANTE**

\_\_\_\_\_  
**CENTRO INTEGRADO DE ONCOLOGIA DE CURITIBA**  
**CONTRATADA**

**Testemunhas:**

1. \_\_\_\_\_  
Nome: \_\_\_\_\_  
CPF: \_\_\_\_\_

2. \_\_\_\_\_  
Nome: \_\_\_\_\_  
CPF: \_\_\_\_\_

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