



ASOCIACION PROFESIONALES  
DE LA SALUD DE CAMPANA  
CASTELLI 112 - TEL/FAX: (03455) 427521/424096  
(2804) CAMPANA - BS. AS.

Liquidación N° :122424

Matrícula :004809/00

Prestador : **CORNEJO ROCIO BELEN**

N° Insc. I.B.:27-35835501 D.G.I.:27-35835501-9

Fecha:03/09/2026

Hoja N° : 1

| PRESTACIONES                                   |        |       |            |           |                   |
|------------------------------------------------|--------|-------|------------|-----------|-------------------|
| OBRA SOCIAL                                    | FACT.  | F.P.  | HONORARIOS | GASTOS    | FACTURADO         |
| 016/SWISS MEDICAL S                            | 001233 | 05/26 | 11,223.68  |           | 11,223.68         |
| 237/SWISS MEDICAL S                            | 001232 | 05/26 | 190,802.56 |           | 190,802.56        |
| 237/SWISS MEDICAL S                            | 001232 | 06/26 | 123,460.48 |           | 123,460.48        |
| <b>A) Total Facturas</b>                       | ---    | ---   | 325,486.72 | 0.00      | 325,486.72        |
| <b>B) Total Créditos</b>                       | ---    | ---   | 0.00       | 0.00      | 0.00              |
| <b>C) Total Débitos</b>                        | ---    | ---   | 0.00       | 0.00      | 0.00              |
| <b>Total Facturado</b>                         | ---    | ---   | 325,486.72 | 0.00      | <b>325,486.72</b> |
| DEBITOS/CREDITOS VARIOS Y RET. LEGALES         |        |       |            | DEBITO    | CREDITO           |
| LEY BANCARIA 25413                             |        |       |            | 1,796.69  |                   |
| RET.GASTOS ADM. ....                           |        |       |            | 26,038.94 |                   |
| <b>D) TOTAL DEBITOS/CREDITOS Y RETENCIONES</b> |        |       |            | 27,835.63 | 0.00              |

FECHA DE ENTREGA DE HONORARIOS: EL DIA 10 DE C/MES (INAMOVIBLE)  
SI COINCIDE FIN DE SEMANA O FERIADO PASA AL 1º DIA HABIL POSTERIOR.-

LOS DEBITOS SE CONTESTAN A PARTIR DEL 15 DE C/MES. Enviar reclamos al mail  
contaduriaasocprof@gmail.com

FECHA DE ENTREGA DE LIQUIDACION: LUNES A JUEVES 14.00 HS A 16.30 HS.  
VIERNES 13.30 HS A 15.30 HS.

|                                                                               |                   |
|-------------------------------------------------------------------------------|-------------------|
| <b>Neto a Pagar</b>                                                           | <b>297,651.09</b> |
| Son \$ doscientos noventa y siete mil seiscientos cincuenta y uno con 9/Cien. |                   |

Detalle de Prestaciones Liquidadas, Fecha: 03/09/2026  
Prestador : 004809/00 CORNEJO ROCIO BELEN

| Obra Social            | FACT.       | Fecha      | N.N.    | Cant | Afiliado | HONORARIOS | GASTOS | FACTURADO  |
|------------------------|-------------|------------|---------|------|----------|------------|--------|------------|
| 016-SWISS MEDICAL S.A. | 0004-001233 | 01/05/2026 | 1901020 | 1    |          | 11,223.68  | 0.00   | 11,223.68  |
| 237-SWISS MEDICAL S.A. | 0004-001232 | 01/05/2026 | 1901020 | 17   |          | 190,802.56 | 0.00   | 190,802.56 |
| 237-SWISS MEDICAL S.A. | 0004-001232 | 01/06/2026 | 1901020 | 11   |          | 123,460.48 | 0.00   | 123,460.48 |
| Total                  |             |            |         |      |          | 325,486.72 | 0.00   | 325,486.72 |