



PRESTACIONES

| OBRA SOCIAL | FACT. | F.P. | HONORARIOS | GASTOS | FACTURADO |
|--------------------------|--------|-------|------------|-----------|-------------------|
| 073/ASOC.DEL PERS.SU | 005704 | 08/25 | | 15,330.90 | 15,330.90 |
| 079/OSFATLYF | 005750 | 07/25 | 44,994.56 | | 44,994.56 |
| 082/HOSPITAL ITALIAN | 001128 | 09/25 | 21,465.92 | | 21,465.92 |
| 094/OSMATA | 005785 | 09/25 | 24,633.48 | | 24,633.48 |
| 223/OSDIPP | 001131 | 09/25 | 59,730.60 | | 59,730.60 |
| 255/HOSPITAL ALEMAN | 005763 | 07/25 | 40,363.26 | | 40,363.26 |
| A) Total Facturas | --- | --- | 191,187.82 | 15,330.90 | 206,518.72 |
| B) Total Créditos | --- | --- | 0.00 | 0.00 | 0.00 |
| 073/ASOC.DEL PERS.SU | 005704 | 08/25 | | D -306.62 | -306.62 |
| 079/OSFATLYF | 005750 | 07/25 | D -886.39 | | -886.39 |
| C) Total Débitos | --- | --- | -886.39 | -306.62 | -1,193.01 |
| Total Facturado | --- | --- | 190,301.43 | 15,024.28 | 205,325.71 |

| DEBITOS/CREDITOS VARIOS Y RET. LEGALES | DEBITO | CREDITO |
|--|-----------|---------|
| CAJA DE PREV. Y SEGURO MEDICO | 9,515.07 | |
| CUOTA SOCIO ... | 6,159.77 | |
| LEY BANCARIA 25413 | 1,851.54 | |
| GESTION EXTERNA | 2,053.26 | |
| DSI | 4,500.00 | |
| GASTOS PAPELERIA | 2,000.00 | |
| D) TOTAL DEBITOS/CREDITOS Y RETENCIONES | 26,079.64 | 0.00 |

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

LOS DEBITOS SE CONTESTAN A PARTIR DEL 15 DE C/MES. Enviar reclamos al mail
contaduria@asocprof.com.ar

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

Neto a Pagar

179,246.07

Son \$ ciento setenta y nueve mil doscientos cuarenta y seis con 7/Cien.

C.P.S.M.

COMPROBANTE DE RETENCIONES

NRO.: 117966

| AGENTE DE RETENCION | NUMERO ASOC. PROF. DE LA SALUD CAMPANA | AP. Y NOMBRE O RAZON SOCIAL DATOS DE LA OPERACION | Nº LIQUIDACION | FECHA | IMPORTE |
|---------------------|--|---|----------------|------------|------------|
| | 30-65576850-1 | | 00117966 | 28/11/2025 | 190,301.43 |

| DATOS DEL DEPOSITO | FECHA | NRO. DE COMPROBANTE | IMPORTE RETENIDO |
|--------------------|-------|---------------------|------------------|
| | / / | 00117966 | 9,515.07 |

| CONTRIBUYENTE | MATRICULA | CUIT | APELLIDO Y NOMBRE O RAZON SOCIAL |
|---------------|--------------|---------------|----------------------------------|
| | 015020 | 27-06507183-0 | BRIANT DIONISIA |
| | DOMICILIO | | LOCALIDAD-PARTIDO |
| | CASTILLA 116 | | CAMPANA |

OBSERVACIONES

DR. ROMANO PEDRO
PRESIDENTE

28/11/2025

FECHA ASOC. DE PROF. DE LA SALUD



Detalle de Prestaciones Liquidadas, Fecha: 28/11/2025

Prestador : 015020/00 BRIANT DIONISIA

| Obra Social | FACT. | Fecha | N.N. | Cant | Afiliado | HONORARIOS | GASTOS | FACTURADO |
|---------------------------|-------------|------------|---------|------|------------------|------------|-----------|------------|
| 073-ASOC.DEL PERS.SUP.DE | 0003-005704 | 11/08/2025 | 1102150 | 1 | DIF ARANCEL | 0.00 | 15,330.90 | 15,330.90 |
| 079-OSFATLYF | 0003-005750 | 01/07/2025 | 4201010 | 2 | | 44,994.56 | 0.00 | 44,994.56 |
| 082-HOSPITAL ITALIANO | 0004-001128 | 01/09/2025 | 4201010 | 1 | MALAGALLI MAILEN | 21,465.92 | 0.00 | 21,465.92 |
| 094-OSMATA | 0003-005785 | 01/09/2025 | 4201010 | 1 | | 24,633.48 | 0.00 | 24,633.48 |
| 223-OSDIPP | 0004-001131 | 01/09/2025 | 4201010 | 2 | | 59,730.60 | 0.00 | 59,730.60 |
| 255-HOSPITAL ALEMAN ASOC. | 0003-005763 | 01/07/2025 | 4201010 | 2 | | 40,363.26 | 0.00 | 40,363.26 |
| Total | | | | | | 191,187.82 | 15,330.90 | 206,518.72 |