



**ASOCIACION PROFESIONALES
DE LA SALUD DE CAMPANA**

CASTELLI 112 - TELEFAX: (02499) 427521/424096
(2804) CAMPANA - BS. AS.

Liquidación N° :117981

Matrícula :047527/00

Prestador : **ROMANO RUBEN**

N° Insc. I.B.:20-07844759 D.G.I.:20-07844759-2

Fecha:28/11/2025

Hoja N° : 1

PRESTACIONES

| OBRA SOCIAL | FACT. | F.P. | HONORARIOS | GASTOS | FACTURADO |
|--------------------------|--------|---------|--------------|--------|---------------------|
| 079/OSFATLYF | 005750 | 07/25 | 89,989.12 | | 89,989.12 |
| 082/HOSPITAL ITALIAN | 001128 | 09/25 | 21,465.92 | | 21,465.92 |
| 094/OSMATA | 005785 | 09/25 | 24,633.48 | | 24,633.48 |
| 097/O.S.P.E.D. Y C. | 005735 | 07/25 | 26,100.00 | | 26,100.00 |
| 097/O.S.P.E.D. Y C. | 005736 | 08/25 | 8,700.00 | | 8,700.00 |
| 124/OSPECON | 005742 | 07/25 | 34,716.16 | | 34,716.16 |
| 163/COBERTURA INT.DE | 005875 | 09/25 | 76,644.04 | | 76,644.04 |
| 163/COBERTURA INT.DE | 005875 | 10/25 | 19,525.07 | | 19,525.07 |
| 164/COBERT INT DE ME | 005876 | 09/25 | 682,631.87 | | 682,631.87 |
| 164/COBERT INT DE ME | 005876 | 10/25 | 58,575.21 | | 58,575.21 |
| 169/PREVENCIÓN SALUD | 001133 | 09/25 | 23,066.01 | | 23,066.01 |
| 180/SALUD PROFESIONA | 005786 | 09/25 | 58,469.85 | | 58,469.85 |
| 300/COBERT. INT DE M | 005877 | 09/25 | 783,906.55 | | 783,906.55 |
| 300/COBERT. INT DE M | 005877 | 10/25 | 14,101.44 | | 14,101.44 |
| 428/ASOCIACION MUTUA | 005822 | 09/25 | 207,398.02 | | 207,398.02 |
| 431/SCIS | 005680 | 06/25 | 63,100.00 | | 63,100.00 |
| 454/O.S.DEL PERSONAL | 005728 | 07/25 | 52,825.17 | | 52,825.17 |
| 529/SANCOR SALUD PLA | 005823 | 08/25 | 29,083.01 | | 29,083.01 |
| 709/CLINICA DELTA S. | 005827 | 09/25 | 15,000.00 | | 15,000.00 |
| A) Total Facturas | --- | --- | 2,289,930.92 | 0.00 | 2,289,930.92 |
| B) Total Créditos | --- | --- | 0.00 | 0.00 | 0.00 |
| 097/O.S.P.E.D. Y C. | 005735 | 07/25 D | -522.00 | | -522.00 |
| 097/O.S.P.E.D. Y C. | 005736 | 08/25 D | -174.00 | | -174.00 |
| 079/OSFATLYF | 005750 | 07/25 D | -1,772.79 | | -1,772.79 |
| 124/OSPECON | 005742 | 07/25 D | -694.32 | | -694.32 |
| C) Total Débitos | --- | --- | -3,163.11 | 0.00 | -3,163.11 |
| Total Facturado | --- | --- | 2,286,767.81 | 0.00 | 2,286,767.81 |

| DEBITOS/CREDITOS VARIOS Y RET. LEGALES | DEBITO | CREDITO |
|--|------------|---------|
| CAJA DE PREV. Y SEGURO MEDICO | 114,338.39 | |
| CUOTA SOCIO ... | 68,603.03 | |
| LEY BANCARIA 25413 | 13,556.01 | |
| OTROS BANCOS | 1,000.00 | |



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Prestador : **ROMANO RUBEN**

N° Insc. I.B.:20-07844759 D.G.I.:20-07844759-2

Fecha:28/11/2025

Hoja N° : 2

| DEBITOS/CREDITOS VARIOS Y RET. LEGALES | DEBITO | CREDITO |
|--|-------------------|-------------|
| GESTION EXTERNA | 22,867.68 | |
| DSI | 4,500.00 | |
| MATRICULA ANUAL + SIAS | 17,575.20 | |
| GASTOS PAPELERIA | 2,000.00 | |
| D) TOTAL DEBITOS/CREDITOS Y RETENCIONES | 244,440.31 | 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

2,042,327.50

Son \$ dos millones cuarenta y dos mil trescientos veintisiete con 50/Cien.

C.P.S.M.

COMPROBANTE DE RETENCIONES

NRO.: 117981

| 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 | | 00117981 | 28/11/2025 | *****.** |

| DATOS DEL DEPOSITO | FECHA | NRO. DE COMPROBANTE | IMPORTE RETENIDO |
|-----------------------|-------|---------------------|------------------|
| | / / | 00117981 | 114,338.39 |

| CONTRIBUYENTE | MATRICULA | CUIT | APELLIDO Y NOMBRE O RAZON SOCIAL |
|---------------|---------------|---------------|----------------------------------|
| | 047527 | 20-07844759-2 | ROMANO RUBEN |
| | DOMICILIO | | LOCALIDAD-PARTIDO |
| | SARMIENTO 154 | | 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 : 047527/00 ROMANO RUBEN

| Obra Social | FACT. | Fecha | N.N. | Cant | Afiliado | HONORARIOS | GASTOS | FACTURADO |
|---------------------------|-------------|------------|---------|------|----------------------|--------------|--------|--------------|
| 079-OSFATLYF | 0003-005750 | 01/07/2025 | 4201010 | 4 | | 89,989.12 | 0.00 | 89,989.12 |
| 082-HOSPITAL ITALIANO | 0004-001128 | 01/09/2025 | 4201010 | 1 | BERTOZZI EDGARDO | 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 |
| 097-O.S.P.E.D. Y C. | 0003-005735 | 01/07/2025 | 4201010 | 1 | CERRUDO CARLOS | 8,700.00 | 0.00 | 8,700.00 |
| 097-O.S.P.E.D. Y C. | 0003-005735 | 01/07/2025 | 4201010 | 1 | GOMEZ PABLO | 8,700.00 | 0.00 | 8,700.00 |
| 097-O.S.P.E.D. Y C. | 0003-005735 | 01/07/2025 | 4250140 | 1 | CERRUDO CARLOS | 8,700.00 | 0.00 | 8,700.00 |
| 097-O.S.P.E.D. Y C. | 0003-005736 | 01/08/2025 | 4201010 | 1 | GOMEZ PABLO | 8,700.00 | 0.00 | 8,700.00 |
| 124-OSPECON | 0003-005742 | 01/07/2025 | 4201010 | 2 | | 34,716.16 | 0.00 | 34,716.16 |
| 163-COBERTURA INT.DE MED. | 0003-005875 | 01/09/2025 | 4201010 | 4 | | 76,644.04 | 0.00 | 76,644.04 |
| 163-COBERTURA INT.DE MED. | 0003-005875 | 01/10/2025 | 4201010 | 1 | | 19,525.07 | 0.00 | 19,525.07 |
| 164-COBERT INT DE MED ASI | 0003-005876 | 01/09/2025 | 0802030 | 1 | LELL CARLOS | 217,107.00 | 0.00 | 217,107.00 |
| 164-COBERT INT DE MED ASI | 0003-005876 | 01/09/2025 | 4201010 | 8 | | 153,288.08 | 0.00 | 153,288.08 |
| 164-COBERT INT DE MED ASI | 0003-005876 | 01/09/2025 | 0807090 | 1 | COLQUE HEBER | 312,236.79 | 0.00 | 312,236.79 |
| 164-COBERT INT DE MED ASI | 0003-005876 | 01/10/2025 | 4201010 | 3 | | 58,575.21 | 0.00 | 58,575.21 |
| 169-PREVENCION SALUD S.A. | 0004-001133 | 01/09/2025 | 4201010 | 1 | | 23,066.01 | 0.00 | 23,066.01 |
| 180-SALUD PROFESIONAL Y T | 0003-005786 | 01/09/2025 | 4201010 | 3 | | 58,469.85 | 0.00 | 58,469.85 |
| 300-COBERT. INT DE MED AS | 0003-005877 | 01/09/2025 | 0807090 | 1 | BRUGOGNONE ANA LAURA | 728,552.51 | 0.00 | 728,552.51 |
| 300-COBERT. INT DE MED AS | 0003-005877 | 01/09/2025 | 4201010 | 4 | | 55,354.04 | 0.00 | 55,354.04 |
| 300-COBERT. INT DE MED AS | 0003-005877 | 01/10/2025 | 4201010 | 1 | | 14,101.44 | 0.00 | 14,101.44 |
| 428-ASOCIACION MUTUAL SAN | 0003-005822 | 01/09/2025 | 4201010 | 1 | | 22,357.41 | 0.00 | 22,357.41 |
| 428-ASOCIACION MUTUAL SAN | 0003-005822 | 01/09/2025 | 1101041 | 1 | GALARZA ANGELICA | 185,040.61 | 0.00 | 185,040.61 |
| 431-SCIS | 0003-005680 | 01/06/2025 | 4201010 | 4 | | 63,100.00 | 0.00 | 63,100.00 |
| 454-O.S.DEL PERSONAL MARI | 0003-005728 | 01/07/2025 | 4201010 | 3 | | 52,825.17 | 0.00 | 52,825.17 |
| 529-SANCOR SALUD PLAN S70 | 0003-005823 | 01/08/2025 | 1301040 | 1 | | 29,083.01 | 0.00 | 29,083.01 |
| 709-CLINICA DELTA S.A. RE | 0003-005827 | 01/09/2025 | 4201010 | 1 | | 15,000.00 | 0.00 | 15,000.00 |
| Total | | | | | | 2,289,930.92 | 0.00 | 2,289,930.92 |