



**ASOCIACION PROFESIONALES
DE LA SALUD DE CAMPANA**

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

Liquidación N° :116457

Fecha:31/07/2025

Matrícula :553876/00

Hoja N° : 1

Prestador : **CEDEÑO MENDOZA LEOMAR**

N° Insc. I.B.:20-96075721 D.G.I.:20-96075721-2

PRESTACIONES

| OBRA SOCIAL | FACT. | F.P. | HONORARIOS | GASTOS | FACTURADO |
|--|--------|---------|------------|-----------|-------------------|
| 038/O.S.UNION PERSON | 001081 | 05/25 | 16,896.10 | | 16,896.10 |
| 082/HOSPITAL ITALIAN | 001074 | 05/25 | 20,000.00 | | 20,000.00 |
| 094/OSMATA | 005534 | 04/25 | 115,500.00 | | 115,500.00 |
| 097/O.S.P.E.D. Y C. | 005489 | 03/25 | 14,477.91 | 9,428.67 | 23,906.58 |
| 097/O.S.P.E.D. Y C. | 005490 | 04/25 | 6,357.52 | | 6,357.52 |
| 124/OSPECON | 005477 | 03/25 | 47,250.00 | | 47,250.00 |
| 124/OSPECON | 005477 | 04/25 | 15,750.00 | | 15,750.00 |
| 128/OSPESGYPE | 005413 | 02/25 | 54,546.38 | | 54,546.38 |
| 128/OSPESGYPE | 005463 | 03/25 | 250,000.00 | | 250,000.00 |
| 144/GALENO ARGENTINA | 001079 | 04/25 | 19,380.00 | | 19,380.00 |
| 163/COBERTURA INT.DE | 005606 | 05/25 | 18,000.00 | | 18,000.00 |
| 164/COBERT INT DE ME | 005607 | 05/25 | 144,000.00 | | 144,000.00 |
| 164/COBERT INT DE ME | 005607 | 06/25 | 54,880.47 | 2,641.43 | 57,521.90 |
| 169/PREVENCIÓN SALUD | 001084 | 05/25 | 42,707.48 | | 42,707.48 |
| 180/SALUD PROFESIONA | 005517 | 04/25 | 75,019.34 | 4,436.82 | 79,456.16 |
| 300/COBERT. INT DE M | 005605 | 05/25 | 880.47 | 2,641.43 | 3,521.90 |
| 300/COBERT. INT DE M | 005605 | 06/25 | 13,000.00 | | 13,000.00 |
| 338/OBRA SOCIAL UNIO | 005528 | 05/25 | 36,062.18 | 3,972.60 | 40,034.78 |
| 431/SCIS | 005422 | 02/25 | 16,000.00 | | 16,000.00 |
| A) Total Facturas | --- | --- | 960,707.85 | 23,120.95 | 983,828.80 |
| B) Total Créditos | --- | --- | 0.00 | 0.00 | 0.00 |
| 097/O.S.P.E.D. Y C. | 005490 | 04/25 D | -127.15 | | -127.15 |
| 097/O.S.P.E.D. Y C. | 005489 | 03/25 D | -289.56 | -188.57 | -478.13 |
| 124/OSPECON | 005477 | 03/25 D | -1,260.00 | | -1,260.00 |
| 300/COBERT. INT DE M | 005605 | 07/25 D | -13,000.00 | | * 1 -13,000.00 |
| C) Total Débitos | --- | --- | -14,676.71 | -188.57 | -14,865.28 |
| Total Facturado | --- | --- | 946,031.14 | 22,932.38 | 968,963.52 |
| DEBITOS/CREDITOS VARIOS Y RET. LEGALES | | | | DEBITO | CREDITO |
| INGRESOS BRUTOS | | | | 19,379.27 | |
| CAJA DE PREV. Y SEGURO MEDICO | | | | 47,301.56 | |
| LEY BANCARIA 25413 | | | | 8,069.98 | |
| RET.GASTOS ADM. | | | | 77,517.08 | |



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Liquidación N° :116457

Fecha:31/07/2025

Matrícula :553876/00

Hoja N° : 2

Prestador : **CEDEÑO MENDOZA LEOMAR**

N° Insc. I.B.:20-96075721 D.G.I.:20-96075721-2

| DEBITOS/CREDITOS VARIOS Y RET. LEGALES | DEBITO | CREDITO |
|--|-------------------|-------------|
| DSI | 4,500.00 | |
| GASTOS PAPELERIA | 2,000.00 | |
| D) TOTAL DEBITOS/CREDITOS Y RETENCIONES | 158,767.89 | 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.

* 1 AFIL INEXISTENTE SE REFACTURA EN LA O.S. CORRESPONDIENTE

Neto a Pagar

810,195.63

Son \$ ochocientos diez mil ciento noventa y cinco con 63/Cien.

DGR

R-122 - COMPROBANTE DE RETENCIONES

NRO.: 0000099629

| AGENTE DE RETENCION | NUMERO | AP. Y NOMBRE O RAZON SOCIAL | DATOS DE LA OPERACION | N° LIQUIDACION | FECHA | IMPORTE |
|---------------------|--------------------------------|-----------------------------|-----------------------|----------------|------------|------------|
| | 014-90-0001-1 30-65576850-1 | ASOC. PROF. DE LA SALUD C | | 00116457 | 31/07/2025 | 968,963.52 |

| DATOS DEL DEPOSITO | FECHA | NRO. DE COMPROBANTE | NOMBRE DEL BANCO | IMPORTE RETENIDO |
|--------------------|-------|---------------------|----------------------|------------------|
| | / / | | PROVINCIA DE BS. AS. | 19,379.27 |

| CONTRIBUYENTE | NUMERO ING. BRUTOS | CUIT | APELLIDO Y NOMBRE O RAZON SOCIAL |
|---------------|--------------------|---------------|----------------------------------|
| | 20-96075721-2 | 20-96075721-2 | CEDEÑO MENDOZA LEOMAR |

| DOMICILIO | OTRAS REFERENCIAS | LOCALIDAD-PARTIDO |
|---------------------------|-------------------|-------------------|
| capilla del señor 425 1 7 | | CAMPANA |

OBSERVACIONES

DR. ROMANO PEDRO
PRESIDENTE

31/07/2025

FECHA ASOC. DE PROF. DE LA SALUD

C.P.S.M.

COMPROBANTE DE RETENCIONES

NRO.: 116457

| 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 | | 00116457 | 31/07/2025 | 946,031.14 |

| DATOS DEL DEPOSITO | FECHA | NRO. DE COMPROBANTE | IMPORTE RETENIDO |
|-----------------------|-------|---------------------|------------------|
| | / / | 00116457 | 47,301.56 |

| CONTRIBUYENTE | MATRICULA | CUIT | APELLIDO Y NOMBRE O RAZON SOCIAL |
|---------------|---------------------------|---------------|----------------------------------|
| | 553876 | 20-96075721-2 | CEDEÑO MENDOZA LEOMAR |
| | DOMICILIO | | LOCALIDAD-PARTIDO |
| | capilla del señor 425 1 7 | | CAMPANA |

OBSERVACIONES

DR. ROMANO PEDRO
PRESIDENTE

31/07/2025

FECHA ASOC. DE PROF. DE LA SALUD

Detalle de Prestaciones Liquidadas, Fecha: 31/07/2025

Prestador : 553876/00 CEDEÑO MENDOZA LEOMAR

| Obra Social | FACT. | Fecha | N.N. | Cant | Afiliado | HONORARIOS | GASTOS | FACTURADO |
|---------------------------|-------------|------------|---------|------|---------------------------------|------------|-----------|------------|
| 038-O.S.UNION PERSONAL DE | 0004-001081 | 01/05/2025 | 4201010 | 1 | | 16,896.10 | 0.00 | 16,896.10 |
| 082-HOSPITAL ITALIANO | 0004-001074 | 01/05/2025 | 4201010 | 1 | TEDESCO MONICA | 20,000.00 | 0.00 | 20,000.00 |
| 094-OSMATA | 0003-005534 | 01/04/2025 | 4201010 | 5 | | 115,500.00 | 0.00 | 115,500.00 |
| 097-O.S.P.E.D. Y C. | 0003-005489 | 01/03/2025 | 1102150 | 1 | FLEGO JULIETA 3883327000 10/03/ | 8,401.91 | 9,207.12 | 17,609.03 |
| 097-O.S.P.E.D. Y C. | 0003-005489 | 01/03/2025 | 2201010 | 1 | SANTANA MILAN 2395027601 28/03/ | 0.00 | 221.55 | 221.55 |
| 097-O.S.P.E.D. Y C. | 0003-005489 | 01/03/2025 | 4250140 | 1 | SANTANA MILAN 2395027601 28/03/ | 6,076.00 | 0.00 | 6,076.00 |
| 097-O.S.P.E.D. Y C. | 0003-005490 | 01/04/2025 | 4201010 | 1 | FLEGO JULIETA 3883327000 07/04/ | 6,357.52 | 0.00 | 6,357.52 |
| 124-OSPECON | 0003-005477 | 01/03/2025 | 4201010 | 3 | | 47,250.00 | 0.00 | 47,250.00 |
| 124-OSPECON | 0003-005477 | 01/04/2025 | 4201010 | 1 | | 15,750.00 | 0.00 | 15,750.00 |
| 128-OSPESGYPE | 0003-005413 | 01/02/2025 | 4201010 | 2 | | 54,546.38 | 0.00 | 54,546.38 |
| 128-OSPESGYPE | 0003-005463 | 01/03/2025 | 1102170 | 1 | BENITEZ CAROLINA P/P | 250,000.00 | 0.00 | 250,000.00 |
| 144-GALENO ARGENTINA S.A. | 0004-001079 | 01/04/2025 | 4250250 | 1 | ROSSI YANINA | 19,380.00 | 0.00 | 19,380.00 |
| 163-COBERTURA INT.DE MED. | 0003-005606 | 01/05/2025 | 4201010 | 1 | | 18,000.00 | 0.00 | 18,000.00 |
| 164-COBERT INT DE MED ASI | 0003-005607 | 01/05/2025 | 4201010 | 8 | | 144,000.00 | 0.00 | 144,000.00 |
| 164-COBERT INT DE MED ASI | 0003-005607 | 01/06/2025 | 2201010 | 1 | | 880.47 | 2,641.43 | 3,521.90 |
| 164-COBERT INT DE MED ASI | 0003-005607 | 01/06/2025 | 4201010 | 3 | | 54,000.00 | 0.00 | 54,000.00 |
| 169-PREVENCION SALUD S.A. | 0004-001084 | 01/05/2025 | 4201010 | 2 | | 42,707.48 | 0.00 | 42,707.48 |
| 180-SALUD PROFESIONAL Y T | 0003-005517 | 01/04/2025 | 2201010 | 1 | | 3,114.18 | 4,436.82 | 7,551.00 |
| 180-SALUD PROFESIONAL Y T | 0003-005517 | 01/04/2025 | 4201010 | 4 | | 71,905.16 | 0.00 | 71,905.16 |
| 300-COBERT. INT DE MED AS | 0003-005605 | 01/05/2025 | 2201010 | 1 | | 880.47 | 2,641.43 | 3,521.90 |
| 300-COBERT. INT DE MED AS | 0003-005605 | 01/06/2025 | 4201010 | 1 | | 13,000.00 | 0.00 | 13,000.00 |
| 338-OBRA SOCIAL UNION PER | 0003-005528 | 01/05/2025 | 2201010 | 2 | | 2,269.98 | 3,972.60 | 6,242.58 |
| 338-OBRA SOCIAL UNION PER | 0003-005528 | 01/05/2025 | 4201010 | 2 | | 33,792.20 | 0.00 | 33,792.20 |
| 431-SCIS | 0003-005422 | 01/02/2025 | 4201010 | 1 | | 16,000.00 | 0.00 | 16,000.00 |
| Total | | | | | | 960,707.85 | 23,120.95 | 983,828.80 |