

Informe de Deuda por Matrícula

Prestador : (450745/00) Nombre :CASTRO PAULA

| Cód | Nombre | N° | Fecha | Fecha | Importe |
|---------------------------|--------------------------------|-------------|---------|------------|-----------|
| O S | Obra Social | Factura | Prest. | Fact. | |
| 024 | MEDIFE ASOCIACION CIVIL | 0004-001172 | 11/2025 | 12/2025 | 18,598.86 |
| 073 | ASOC.DEL PERS.SUP.DE LA ORG.TE | 0003-005925 | 10/2025 | 12/2025 | 55,330.39 |
| 082 | HOSPITAL ITALIANO | 0004-001165 | 12/2025 | 12/2025 | 45,425.16 |
| 097 | O.S.P.E.D. Y C. | 0003-005956 | 10/2025 | 12/2025 | 34,408.00 |
| 097 | O.S.P.E.D. Y C. | 0003-005957 | 11/2025 | 12/2025 | 9,204.00 |
| 097 | O.S.P.E.D. Y C. | 0003-006001 | 11/2025 | 12/2025 | 9,548.08 |
| 110 | LUIS PASTEUR | 0004-001171 | 11/2025 | 12/2025 | 26,310.40 |
| 196 | OMINT S.A. | 0004-001151 | 11/2025 | 12/2025 | 22,374.00 |
| 709 | CLINICA DELTA S.A. RENDICION G | 0003-005964 | 11/2025 | 12/2025 | 30,000.00 |
| Total Matricula 450745/00 | | | | 251,198.89 | |