



**Nota Legal:**

Prestaciones cubiertas por ISAPRE, toda vez que se encuentren codificadas y de acuerdo al plan de salud de cada paciente. Para más información, consulte directamente con su aseguradora. Cobertura no aplicable para paciente GES ni FONASA.

CÓDIGO DE PRESTACIÓN	CÓDIGO FONASA (REFERENCIAL)	GLOSA	VALOR PARTICULAR
101814	101001	CONS. MEDICINA GENERAL ADULTO	\$65.530
101815	101001	CONS. MEDICINA GENERAL INFANTIL	\$65.530
101810	101201	CONS. DERMATOLOGIA	\$71.980
101828	101204	CONS. OFTALMOLOGICA	\$71.980
101849	101305	CONS. MEDICINA FAMILIAR	\$65.530
101816	101307	CONS. MEDICINA INTERNA	\$65.530
101812	101308	CONS. GINECOLOGICA Y OBSTETRICIA	\$65.530
101841	101310	CONS. TRAUMA ADULTO	\$65.530
101852	101310	CONS. TRAUMA INFANTIL	\$65.530
101834	101311	CONS. UROLOGIA ADULTO	\$65.530
101839	101311	CONS. UROLOGIA INFANTIL	\$65.530
101820	101323	CONS. GASTRO. ADULTO	\$65.530
101803	101309	CONS. PEDIATRIA GENERAL	\$65.530
0101814A	101001	CONS. MEDICINA GENERAL ADULTO	\$65.530
0101814B	101001	CONS. MEDICINA GENERAL ADULTO	\$65.530
0101814C	101001	CONS. MEDICINA GENERAL ADULTO	\$65.530
0101814E	101001	CONS. MEDICINA GENERAL ADULTO	\$65.530
0101814M	101001	CONS. MEDICINA GENERAL ADULTO	\$65.530
0101814P	101001	CONS. MEDICINA GENERAL ADULTO	\$65.530
0101810A	101201	CONS. DERMATOLOGIA	\$71.980
0101810B	101201	CONS. DERMATOLOGIA	\$71.980
0101810C	101201	CONS. DERMATOLOGIA	\$71.980
0101828A	101204	CONS. OFTALMOLOGICA	\$71.980
0101828B	101204	CONS. OFTALMOLOGICA	\$71.980
0101828M	101204	CONS. OFTALMOLOGICA	\$71.980
0101849A	101305	CONS. MEDICINA FAMILIAR	\$65.530
0101849B	101305	CONS. MEDICINA FAMILIAR	\$65.530
0101849M	101305	CONS. MEDICINA FAMILIAR	\$65.530
0101816A	101307	CONS. MEDICINA INTERNA	\$65.530
0101816B	101307	CONS. MEDICINA INTERNA	\$65.530
0101816M	101307	CONS. MEDICINA INTERNA	\$65.530
0101812A	101308	CONS. GINECOLOGICA Y OBSTETRICIA	\$65.530
0101812B	101308	CONS. GINECOLOGICA Y OBSTETRICIA	\$65.530
0101803A	101309	CONS. PEDIATRIA GENERAL	\$65.530
0101803B	101309	CONS. PEDIATRIA GENERAL	\$65.530
0101803C	101309	CONS. PEDIATRIA GENERAL	\$65.530
0101803F	101309	CONS. PEDIATRIA GENERAL	\$65.530
0101841D	101310	CONS. TRAUMA ADULTO	\$65.530
0101841A	101310	CONS. TRAUMA ADULTO	\$65.530
0101841B	101310	CONS. TRAUMA ADULTO	\$65.530
0101841C	101310	CONS. TRAUMA ADULTO	\$65.530
0101841E	101310	CONS. TRAUMA ADULTO	\$65.530
0101841F	101310	CONS. TRAUMA ADULTO	\$65.530
0101841G	101310	CONS. TRAUMA ADULTO	\$65.530
0101841H	101310	CONS. TRAUMA ADULTO	\$65.530
0101841I	101310	CONS. TRAUMA ADULTO	\$65.530
0101841J	101310	CONS. TRAUMA ADULTO	\$65.530
0101841K	101310	CONS. TRAUMA ADULTO	\$65.530
0101841L	101310	CONS. TRAUMA ADULTO	\$65.530
0101841M	101310	CONS. TRAUMA ADULTO	\$65.530
0101852A	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852B	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852C	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852D	101310	CONS. TRAUMA INFANTIL	\$65.530

0101852E	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852F	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852G	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852H	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852I	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852J	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852K	101310	CONS. TRAUMA INFANTIL	\$65.530
0101852L	101310	CONS. TRAUMA INFANTIL	\$65.530
0101834A	101311	CONS. UROLOGIA ADULTO	\$65.530
0101834B	101311	CONS. UROLOGIA ADULTO	\$65.530
0101834M	101311	CONS. UROLOGIA ADULTO	\$65.530
0101839A	101311	CONS. UROLOGIA INFANTIL	\$65.530
0101839B	101311	CONS. UROLOGIA INFANTIL	\$65.530
0101820A	101323	CONS. GASTRO. ADULTO	\$65.530
0101820B	101323	CONS. GASTRO. ADULTO	\$65.530
0101820C	101323	CONS. GASTRO. ADULTO	\$65.530
101858	101305	CONS. MEDICINA FAMILIAR INFANTIL	\$65.530
0101858A	101305	CONS. MEDICINA FAMILIAR INFANTIL	\$65.530
0101858B	101305	CONS. MEDICINA FAMILIAR INFANTIL	\$65.530
101859	101001	CONS. MEDICINA GENERAL INFANTIL	\$65.530
0101859A	101001	CONS. MEDICINA GENERAL INFANTIL	\$65.530
0101820D	101323	CONS. GASTRO. ADULTO	\$65.530