

|  <p>Secretaría de Salud<br/>Subred Integrada de Servicios de Salud<br/>Centro Oriente E.S.E.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>SUBRED INTEGRADA DE SERVICIOS DE SALUD CENTRO ORIENTE E.S.E.</b><br/>APOYO - GESTIÓN DE INSURIMOS Y ABASTECIMIENTO<br/>FORMATO INFORME Y CUENTA DE COBRO</p>                                                                                                                                                                                                                                                                              | <p>CÓDIGO: AP-1A-FT-014<br/>VERSIÓN: 02<br/>FECHA: 2020-05-04</p>                    |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                           |                  |                            |                    |   |       |              |  |  |   |       |              |           |            |   |  |  |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                      |                                  |                             |                     |                    |              |               |               |            |
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DATOS GENERALES DEL CONTRATO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <p>No. CONTRATO - OPS: <b>PS 44522020</b> C.D.P. No.: <b>1596</b> Proceso al que pertenece: <b>PLAN DE SALUD PUBLICA DE INTERVENCIONES COLECTIVAS -PSPIC</b><br/>                 Unidad a la que pertenece: <b>SALUD PUBLICA -</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <p>Nombre del Contratista: <b>YENY PATRICIA BUSTOS ROBLES</b> C.C. <b>52.214.779</b> de: <b>BOGOTA</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <p>Fecha Inicio: <b>2020-06-20</b> Fecha Terminación inicial: <b>2020-07-31</b> Valor Mensual: <b>\$ 3.570.149</b> Valor a cobrar: <b>\$ 3.570.149</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ADICIÓN/<br/>OTRO SI</th> <th>VALOR<br/>ADICIÓN</th> <th>CDP</th> <th>FECHA DE<br/>INICIO</th> <th>FECHA DE<br/>TERMINACIÓN</th> </tr> <tr><td>1</td><td>\$ 6.300.000</td><td>2710</td><td>2020-09-01</td><td>2020-10-31</td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td><td></td><td></td></tr> </table> | ADICIÓN/<br>OTRO SI                                                                                                                                                                                                                                                                                                                                                                                                                             | VALOR<br>ADICIÓN                                                                     | CDP                        | FECHA DE<br>INICIO      | FECHA DE<br>TERMINACIÓN | 1 | \$ 6.300.000 | 2710 | 2020-09-01 | 2020-10-31 | 2 |  |  |  |  | 3 |  |  |  |  | 4 |  |  |  |  | 5 |  |  |  |  | 6 |  |  |  |  | 7 |  |  |  |  | 8 |  |  |  |  | 9 |  |  |  |  | 10 |  |  |  |  | 11 |  |  |  |  | 12 |  |  |  |  | 13 |  |  |  |  | 14 |  |  |  |  | 15 |  |  |  |  | 16 |  |  |  |  | 17 |  |  |  |  | 18 |  |  |  |  | 19 |  |  |  |  | 20 |  |  |  |  | 21 |  |  |  |  | 22 |  |  |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Nº<br/>CTA</th> <th>MES DE CUENTA DE<br/>COBRO</th> <th>VALOR A<br/>PAGAR</th> <th>VALOR<br/>PAGO<br/>SEGURIDAD</th> <th>NÚMERO DE PLANILLA</th> </tr> <tr><td>1</td><td>JUNIO</td><td>\$ 1.300.000</td><td></td><td></td></tr> <tr><td>2</td><td>JULIO</td><td>\$ 3.570.149</td><td>\$ 99.700</td><td>9407742900</td></tr> <tr><td>3</td><td></td><td></td><td>\$ 172.000</td><td>9408370140</td></tr> <tr><td>4</td><td>AGOSTO</td><td>\$ 3.570.149</td><td>\$ 441.900</td><td>9409396734</td></tr> <tr><td>5</td><td>SEPTIEMBRE</td><td>\$ 3.570.149</td><td>\$ 441.900</td><td>9410086179</td></tr> <tr><td>6</td><td>OCTUBRE</td><td>\$ 3.570.149</td><td>\$ 441.900</td><td>9411172058</td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td><td></td><td></td></tr> </table> | Nº<br>CTA | MES DE CUENTA DE<br>COBRO | VALOR A<br>PAGAR | VALOR<br>PAGO<br>SEGURIDAD | NÚMERO DE PLANILLA | 1 | JUNIO | \$ 1.300.000 |  |  | 2 | JULIO | \$ 3.570.149 | \$ 99.700 | 9407742900 | 3 |  |  | \$ 172.000 | 9408370140 | 4 | AGOSTO | \$ 3.570.149 | \$ 441.900 | 9409396734 | 5 | SEPTIEMBRE | \$ 3.570.149 | \$ 441.900 | 9410086179 | 6 | OCTUBRE | \$ 3.570.149 | \$ 441.900 | 9411172058 | 7 |  |  |  |  | 8 |  |  |  |  | 9 |  |  |  |  | 10 |  |  |  |  | 11 |  |  |  |  | 12 |  |  |  |  | 13 |  |  |  |  | 14 |  |  |  |  | 15 |  |  |  |  | 16 |  |  |  |  | 17 |  |  |  |  | 18 |  |  |  |  | 19 |  |  |  |  | 20 |  |  |  |  | 21 |  |  |  |  | 22 |  |  |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>VALOR<br/>INICIAL DEL<br/>CONTRATO</th> <th>VALOR TOTAL<br/>DEL CONTRATO</th> <th>PAGOS<br/>REALIZADOS</th> <th>SALDO DEL CONTRATO</th> </tr> <tr> <td>\$ 9.520.405</td> <td>\$ 15.820.405</td> <td>\$ 15.580.596</td> <td>\$ 239.809</td> </tr> </table> | VALOR<br>INICIAL DEL<br>CONTRATO | VALOR TOTAL<br>DEL CONTRATO | PAGOS<br>REALIZADOS | SALDO DEL CONTRATO | \$ 9.520.405 | \$ 15.820.405 | \$ 15.580.596 | \$ 239.809 |
| ADICIÓN/<br>OTRO SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VALOR<br>ADICIÓN                                                                                                                                                                                                                                                                                                                                                                                                                                | CDP                                                                                  | FECHA DE<br>INICIO         | FECHA DE<br>TERMINACIÓN |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ 6.300.000                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2710                                                                                 | 2020-09-01                 | 2020-10-31              |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                     | VALOR<br>PAGO<br>SEGURIDAD | NÚMERO DE PLANILLA      |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                     | \$ 441.900                 | 9409396734              |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                     | \$ 441.900                 | 9411172058              |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| VALOR<br>INICIAL DEL<br>CONTRATO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                     | SALDO DEL CONTRATO         |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| \$ 9.520.405                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                     | \$ 239.809                 |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>2. INFORME DE ACTIVIDADES REALIZADAS Y AVANCE EN CUMPLIMIENTO DEL OBJETO DEL CONTRATO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <b>OBJETO DEL CONTRATO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <p>PRESTAR SERVICIOS DE ACUERDO A SU PERFIL ACADEMICO PARA DESARROLLAR ACTIVIDADES EN EL PLAN DE SALUD PUBLICA DE INTERVENCIONES COLECTIVAS DE LA SUBRED INTEGRADA DE SERVICIOS DE SALUD CENTROORIENTE E.S.E</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <p>Relación de actividades para el periodo Desde: <b>2020-10-01</b> Hasta: <b>2020-10-30</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>OBLIGACIONES ESPECÍFICAS</b><br>(Las estipuladas en la minuta)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DESCRIPCIÓN DEL DESARROLLO</b>                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PRODUCTO O EVIDENCIA</b>                                                          |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 1 Prestar sus servicios para el desarrollo de las actividades en el marco del contrato suscrito con FFD y la ESE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Desarrollar Actividades y productos correspondientes a la obligación del contrato. Realizar visitas Epidemiológicas de Campo, subsistema Transmisibles.                                                                                                                                                                                                                                                                                         | IEC en el Servidor                                                                   |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                           |                  |                            |                    |   |       |              |  |  |   |       |              |           |            |   |  |  |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                      |                                  |                             |                     |                    |              |               |               |            |
| 2 Apoyar la prestación de servicios en el PIC, presentando la información y/o soportes que soliciten y que corresponde al objeto y/o actividades contractuales y de acuerdo a los anexos y lineamientos contenidos en el Contrato suscrito con el Fondo Financiero Distrital.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Realizar visita epidemiológica de campo de SARS COV 2 COVID 19. "Revisión de las bases de resultados de los eventos que lo requieren para clasificación final de caso. "Seguimiento a contactos relacionados con los eventos notificados. "Envío de correos a otras instituciones solicitando los soportes requeridos para la Intervenciones Epidemiológicas de Campo. Diligenciamiento IEC nuevo aplicativo, así como seguimiento a contactos. | IEC en el Servidor                                                                   |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                           |                  |                            |                    |   |       |              |  |  |   |       |              |           |            |   |  |  |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                      |                                  |                             |                     |                    |              |               |               |            |
| 3 Presentar mensualmente el cronograma de actividades a desarrollar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Entrega de Cronograma de actividades mes Octubre 2020 ajustado y mes Noviembre 2020.                                                                                                                                                                                                                                                                                                                                                            | Entrega de cronograma ajustado, mes de Octubre y la proyección del mes de Noviembre. |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 4 Apoyar las actividades inherentes al objeto del contrato para el mejoramiento continuo de calidad y aquellas definidas dentro de los planes de mejoramiento de los diferentes estándares de habilitación y acreditación de servicios de salud.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Asistencia a reunión de área mensual. Asistencia a reunión de transmisibles y de alertas epidemiológicas.                                                                                                                                                                                                                                                                                                                                       | Listados de asistencia en el servidor                                                |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                           |                  |                            |                    |   |       |              |  |  |   |       |              |           |            |   |  |  |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                      |                                  |                             |                     |                    |              |               |               |            |
| 5 Realizar las visitas en campo de acuerdo a los anexos operativos de cada espacio de vida o componente transversal. Contenidas en el formato de necesidad del personal que hace parte integral del presente contrato.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Realización de las Investigaciones Epidemiológica de Campo de los eventos asignados ( SARS COV 2 COVID 19).                                                                                                                                                                                                                                                                                                                                     | IEC en el Servidor                                                                   |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <p>Observaciones:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <p>Se anexa certificación de pago a Salud, pensión y ARL.<br/>En caso de tener contrato nuevo se debe anexar también la certificación bancaria con la primera cuenta de cobro</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                     |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                     |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <b>VISTO BUENO SUPERVISOR DE CONTRATOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| NOMBRE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LADY VIVIANA RODRIGUEZ GALINDO CC 52975862                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                       |                                  |                             |                     |                    |              |               |               |            |
| CARGO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LIDER TRANSMISIBLES VSP                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| FIRMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>[Firma]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                       |                                  |                             |                     |                    |              |               |               |            |
| <b>VISTO BUENO SUPERVISOR DE CONTRATOS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 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                                                                                                                                                                       |                                  |                             |                     |                    |              |               |               |            |
| NOMBRE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MARIA CRISTINA DUARTE GARZON CC: 35376691                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                       |                                  |                             |                     |                    |              |               |               |            |
| CARGO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PROFESIONAL ESPECIALIZADO EN SALUD                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                       |                                  |                             |                     |                    |              |               |               |            |
| FIRMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>[Firma]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |                            |                         |                         |   |              |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                           |                  |                            |                    |   |       |              |  |  |   |       |              |           |            |   |  |  |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                      |                                  |                             |                     |                    |              |               |               |            |

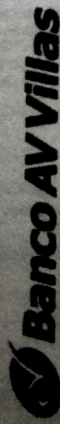
DATOS GENERALES DEL APORTANTE

|                |    |                             |                 |                    |               |                     |          |                       |
|----------------|----|-----------------------------|-----------------|--------------------|---------------|---------------------|----------|-----------------------|
| Identificación | dv | Razon Social                | Clase Aportante | Sucursal Principal | Direccion     | Ciudad-Departamento | Teléfono | Exonerado SENA e ICBF |
| CC 5214779     |    | BUSTOS ROBLES YENY PATRICIA | INDEPENDIENTE   | PRINCIPAL          | KRA 56A 4B-57 | BOGOTA-BOGOTA D.E.  | 8205691  | No                    |

DATOS GENERALES DE LA LIQUIDACION

| Periodo | Clave    | Planilla   | Planilla | Tipo | Fecha      | Pago       | Valor     |
|---------|----------|------------|----------|------|------------|------------|-----------|
| 2020-09 | 11172058 | 9411172058 |          | I    | 2020/10/20 | 2020/10/08 | \$441,900 |

| RESUMEN DE PAGO          |        |             |    | VALOR A PAGAR |                 |                |                        |
|--------------------------|--------|-------------|----|---------------|-----------------|----------------|------------------------|
| RIESGO                   | CODIGO | NIT         | DV | AFILIADOS     | VALOR LIQUIDADO | INTERESES MORA | SALDOS E INCAPACIDADES |
| AFP (ADMINISTRADORAS: 1) |        |             |    |               |                 |                |                        |
| PORVENIR                 | 230301 | 800,224,808 | 8  | 1             | \$228,500       | \$0            | \$228,500              |
| ARL (ADMINISTRADORAS: 1) |        |             |    | 1             | \$228,500       | \$0            | \$228,500              |
| SEGUROS BOLIVAR          | 14-7   | 860,002,503 | 2  | 1             | \$34,800        | \$0            | \$34,800               |
| EPS (ADMINISTRADORAS: 1) |        |             |    | 1             | \$34,800        | \$0            | \$34,800               |
| COMPENSAR                | EPS008 | 860,066,942 | 7  | 1             | \$178,600       | \$0            | \$178,600              |
| TOTAL                    |        |             |    | 1             | \$441,900       | \$0            | \$441,900              |



# COMPROBANTE PAGO DE PLANILLA ASISTIDA PILA

Número Identificación del Aportante / Pin Único

52214779

Valor a Pagar \$:

441.900

Si usted va a realizar el pago con el número de Planilla, diligencie esta sección:

## PAGO CON NÚMERO DE PLANILLA

Número de Planilla

9411172058

451 20201008 11:36 SC1579 LINEA D

VR PAGADO: 441.900.00

NOMBRE: APORTES EN LINEA

CLAVE: 9411172058

ID: 52214779

Si usted va a realizar el pago con Pin Único, diligencie esta sección:

## PAGO CON PIN ÚNICO

Fecha Aplicación: 20201008 PIN: 113613

Estimado cliente: Verifique los datos de su pago. Después de retirarse de la ventanilla no se aceptan reclamos.

Operador de Información:

Periodo de Cotización a Pagar:

Año

Mes

ESTIMADO CLIENTE:  
VERIFIQUE QUE LA INFORMACIÓN IMPRESA EN EL COMPROBANTE SEA CORRECTA Y QUE EL VALOR REGISTRADO CORRESPONDA AL VALOR ORDENADO POR USTED. EL BANCO NO TIENDE COPIA DE ESTE FORMATO. EL SOPORTE DE LA TRANSACCIÓN SERÁ EL REGISTRO EN EL SISTEMA. RECUERDE QUE ESTE SERÁ EL ÚNICO SOPORTE FÍSICO DE SU TRANSACCIÓN. CONSERVELO PARA CUALQUIER VERIFICACIÓN.