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Resumen General de Pago

DATOS GENERALES DEL APORTANTE

Identificación	dv	Razon Social	Clase Aportante	Sucursal Principal	Direccion	Ciudad-Departamento	Teléfono	Exonerado SENA e ICBF
NIT 900733643	6	ELEMED SAS	B - MENOS DE 200 COTIZANTES	PRINCIPAL	CALLE 23 #7A 22	CALI-VALLE	3046521389	Si

DATOS GENERALES DE LA LIQUIDACION

Periodo		Clave		Tipo	Fecha		Pago		
Pensión	Salud	Pago	Planilla	Planilla	Limite	Pago	Banco	Dias Mora	Valor
2026-07	2026-08	581533146	9509746399	E	2026/08/13	2026/08/20	BANCO DE BOGOTA	7	$5,621,200

LIQUIDACION DETALLADA DE APORTES

EMPLEADO					PENSION		SALUD				CCF				RIESGOS				PARAFISCALES		
No.	Identificación		Nombres	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Codigo	Días	IBC	Aporte	Días	IBC	Aporte
Sucursal: PRINCIPAL (6 Afiliados)						$22,800,000	$3,648,000			$22,800,000	$912,000			$22,800,000	$912,000			$22,800,000	$119,200		$0	$0
Centro de Trabajo: Centro de trabajo 2 (1 Afiliados)						$2,500,000	$400,000			$2,500,000	$100,000			$2,500,000	$100,000			$2,500,000	$13,100		$0	$0
Ciudad: CALI Depto: VALLE (1 Afiliados)						$2,500,000	$400,000			$2,500,000	$100,000			$2,500,000	$100,000			$2,500,000	$13,100		$0	$0
1	CC	1006183119	IBARVO LEYDI	230201	30	$2,500,000	$400,000	EPS010	30	$2,500,000	$100,000	CCF56	30	$2,500,000	$100,000	14-23	30	$2,500,000	$13,100	30	$0	$0
Centro de Trabajo: Centro de trabajo 3 (1 Afiliados)						$2,300,000	$368,000			$2,300,000	$92,000			$2,300,000	$92,000			$2,300,000	$12,100		$0	$0
Ciudad: CALI Depto: VALLE (1 Afiliados)						$2,300,000	$368,000			$2,300,000	$92,000			$2,300,000	$92,000			$2,300,000	$12,100		$0	$0
2	CC	1110285696	GIL DIANA	25-14	30	$2,300,000	$368,000	EPS012	30	$2,300,000	$92,000	CCF56	30	$2,300,000	$92,000	14-23	30	$2,300,000	$12,100	30	$0	$0
Centro de Trabajo: PRINCIPAL (4 Afiliados)						$18,000,000	$2,880,000			$18,000,000	$720,000			$18,000,000	$720,000			$18,000,000	$94,000		$0	$0
Ciudad: CALI Depto: VALLE (4 Afiliados)						$18,000,000	$2,880,000			$18,000,000	$720,000			$18,000,000	$720,000			$18,000,000	$94,000		$0	$0
3	CC	1144081815	ARIAS DANIELA	230301	30	$3,000,000	$480,000	EPS018	30	$3,000,000	$120,000	CCF56	30	$3,000,000	$120,000	14-23	30	$3,000,000	$15,700	30	$0	$0
4	CC	1144086823	OROBIO ANDRES	230301	30	$5,000,000	$800,000	EPS010	30	$5,000,000	$200,000	CCF56	30	$5,000,000	$200,000	14-23	30	$5,000,000	$26,100	30	$0	$0
5	CC	1144161556	PAZ FREDDY	230201	30	$5,000,000	$800,000	EPS010	30	$5,000,000	$200,000	CCF56	30	$5,000,000	$200,000	14-23	30	$5,000,000	$26,100	30	$0	$0
6	CC	1112496562	VIVAS VIVIAN	25-14	30	$5,000,000	$800,000	EPS005	30	$5,000,000	$200,000	CCF56	30	$5,000,000	$200,000	14-23	30	$5,000,000	$26,100	30	$0	$0
Total			**Afiliados(6)**			$22,800,000	$3,648,000			$22,800,000	$912,000			$22,800,000	$912,000			$22,800,000	$119,200		$0	$0

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RESUMEN DE PAGO

RIESGO	CODIGO	NIT	DV	AFILIADOS	VALOR LIQUIDADO	INTERESES MORA	SALDOS E INCAPACIDADES	VALOR A PAGAR
AFP (ADMINISTRADORAS: 3)				6	$3,648,000	$19,400	$0	$3,667,400
COLPENSIONES	25-14	900,336,004	7	2	$1,168,000	$6,200	$0	$1,174,200
PORVENIR	230301	800,224,808	8	2	$1,280,000	$6,800	$0	$1,286,800
PROTECCION	230201	800,229,739	0	2	$1,200,000	$6,400	$0	$1,206,400
ARL (ADMINISTRADORAS: 1)				6	$119,200	$700	$0	$119,900
POSITIVA COMPAÑIA DE SEGUROS	14-23	860,011,153	6	6	$119,200	$700	$0	$119,900
CCF (ADMINISTRADORAS: 1)				6	$912,000	$4,900	$0	$916,900
COMFENALCO VALLE	CCF56	890,303,093	5	6	$912,000	$4,900	$0	$916,900
EPS (ADMINISTRADORAS: 4)				6	$912,000	$5,000	$0	$917,000
COMFENALCO VALLE	EPS012	890,303,093	5	1	$92,000	$500	$0	$92,500
EPS SURA (ANTES SUSALUD)	EPS010	800,088,702	2	3	$500,000	$2,700	$0	$502,700
S.O.S. SERVICIO OCCIDENTAL DE SALUD S.A.	EPS018	805,001,157	2	1	$120,000	$700	$0	$120,700
SANITAS	EPS005	800,251,440	6	1	$200,000	$1,100	$0	$201,100
TOTAL				**6**	**$5,591,200**	**$30,000**	**$0**	**$5,621,200**