

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										Ron Jon										3a PAT. CNTL# b.MED REC # 5 FEED TAX No.				6 STATEMENT COVERS PERIOD FROM THROUGH				4 TYPE OF BILL 7											
8 PATIENT NAME a Test Mesh 6 b Test Mesh 6										8 PATIENT ADDRESS b Muncie										a 123 Test Street c IL d 32054 e																			
10 BIRTHDATE		11 SEX		12 Date				13 HR		14 TYPE		15 SRC		16 DHR		17 SAT		CONDITION CODES										29 A CDT 30 STA TE											
01-17-1953																																							
08-07-2015																																							
31 OCCURRENCE CODE		32 OCCURRENCE CODE		33 OCCURRENCE CODE		34 OCCURRENCE CODE		35 OCCURRENCE CODE		36 OCCURRENCE CODE		37																											
DATE		DATE		DATE		DATE		FROM		THROUGH		THROUGH																											
Test Mesh 6 123 Test Street Illinois Muncie, 32054 Mob. No.(654) 987-1236 Office. No.(654) 789-8523										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMONT									
a																																							
b																																							
c																																							
d																																							
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES				48 NON-COVERED CHARGES				49													
57287		Sling Revision										57287		31-12-69				0.00																					
57287		Sling Revision										57287		31-12-69				7,000.00																					
		Page ____1____ of ____1____										CREATION DATE		11-06-15		TOTAL		7,000.00				00				0				00									
50 PAYER NAME										51 HEALTH PLAN ID		52 REL INFO		53 ASG. BEN		54 PRIOR PAYMENT		55 EST. AMOUNT DUE				56 NPL																	
																								57 OTHER PRV ID															
58 INSURED'S NAME										59 P. REL		60 INSURED'S UNIQUE ID				61 GROUP NAME				62 INSURANCE GROUP NO.																			
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																			
66 DX																								68															
69 ADMIT DX				70 PATIENT REASON DX								71 PPS CODE				72 ECI								73															
74		PRINCIPAL PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE		75				76 ATTENDING		NPL		QUAL																							
		CODE		DATE		CODE		DATE				LAST Jon				FIRST Ron																							
74		OTHER PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE						77 OPERATING		NPL		QUAL																							
		CODE		DATE		CODE		DATE				LAST Jon				FIRST Ron																							
80 REMARKS				81 CC								78 OTHER				NPL				QUAL																			
				a								LAST Jon								FIRST Ron																			
				b																																			
				c																																			
				d																																			
												79 OTHER				NPL				QUAL																			
												LAST Jon								FIRST Ron																			