1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX	, , Contact	3a PAT. CNTL# b.MED REC # 5 FEED TAX No.	4 TYPE OF BILL
		6 STATEMENT COVERS PERIOD	7
		FROM THROUGH	

8 PATIENT NAME	a	Jeff Rimmel	8 PATIENT ADDRESS	a		123 Main Street		
b	Jeff Rimmel		b Atlanta	c	GA	d	30152	e

10 BIRTHDATE	11 SEX	ADMISSION				16 DHR	17 SAT	CONDITION CODES											29 A CDT STATE	30
06-06-1985		12 Date	13 HR	14 TYPE	15 SRC			18	19	20	21	22	23	24	25	26	27	28		

31 OCCURRENCE		32 OCCURRENCE		33 OCCURRENCE		34 OCCURRENCE		35 OCCURRENCE			36 OCCURRENCE			37
CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE	FROM	THROUGH	CODE	FROM	THROUGH	

123 Main
Street Georgia Atlanta, 30152
Mob. No.2147483647
Office. No.2147483647

	VALUE CODES			VALUE CODES			VALUE CODES	
	CODE	AMOUNT		CODE	AMOUNT		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
20550	INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST	20550	16-01-15				
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)	20605	09-02-15				
20550	INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST	20550	09-02-15	500,000.00			
	Page ___1____ of ___1__	CREATION DATE	10-02-15	TOTAL	500,000.00	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 INSUREDS NAME	59 P. REL	60 INSUREDS 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		CODE DATE		LAST		FIRST
74 OTHER PROCEDURE	a	OTHER PROCEDURE	b	OTHER PROCEDURE		77 OPERATING	NPL	QUAL
CODE DATE		CODE DATE		CODE DATE		LAST		FIRST

80 REMARKS	81 CC			78 OTHER	NPL	QUAL
	a			LAST		FIRST
	b			79	NPL	QUAL
	c					

	d				OTHER				
					LAST		FIRST		