

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										Wesley Woods Surgery Center 2958 Wesley Woods Drive, Georgia Decatur, 33542 7709651365 Contact										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 Harvey Walsmith b Harvey Walsmith										8 PATIENT ADDRESS a 234 West Mountain Parkway b Bozeman c MT d 78546 e																								
10 BIRTHDATE 06/24/1992 12-31-1969		11 SEX		ADMISSION 12 Date 13 HR 14 TYPE 15 SRC				16 DHR		17 SAT		CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28										29 A CDT STA TE		30										
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE CODE FROM THROUGH			36 OCCURRENCE CODE FROM THROUGH			37																				
Harvey Walsmith 234 West Mountain Parkway Montana Bozeman, 78546 Mob. No. Office. No.										a b c d		VALUE CODES CODE AMOUNT		VALUE CODES CODE AMOUNT		VALUE CODES CODE AMONT																		
42 REV. CD.		43 DESCRIPTION						44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																
99213		Office Visit, Established, Expanded						99213		31-12-69				0.00																				
73221		Xray Hip, 1 View						73221		31-12-69				0.00																				
73721		New Office Visit, Expanded						73721		31-12-69				0.00																				
122345		Anesthesiologist Services						122345		31-12-69				0.00																				
73030		MRI Upper Extremity, Joint						73030		31-12-69				6,000.00																				
		Page ____1____ of ____1____						CREATION DATE		09-04-15		TOTAL		6,000.00 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				CODE DATE				LAST Woods Surgery Center				FIRST Wesley																		
74 OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL																		
CODE DATE				CODE DATE				CODE DATE				LAST Woods Surgery Center				FIRST Wesley																		
80 REMARKS				81 CC								78 OTHER		NPL		QUAL																		
				a								LAST Woods Surgery Center				FIRST Wesley																		
				b																														
				c								79 OTHER		NPL		QUAL																		
				d								LAST Woods Surgery Center				FIRST Wesley																		