1 BANNER SUR	BANNER SURGICAL							Medical Medical 3a											4 TYP	E OF	
3600 DALLAS H	Medical, Illinois							_#							BILL						
SUITE 230-282													#			a=.			_		
MARIETTA, GA 30064						6/890		-1			STATEMENT COVERS				-	7					
2 866-411-2525 PHONE 800-865-8691 FAX						{							PE	FROM THROUGH							
000 003-0031 1 AV														TROPI THROUGH							
8 PATIENT NAME a Mesh Attorney						8 PATIENT ADDRESS adrress															
b Mesh Attorney						city c IN d 12345												e			
10 BIRTHDATE 11 ADMISSION						16 17 CONDITION CODES											29 A	30			
11.00.0011	SEX					DHR	SAT													CDT	
11-09-2014		12 Date		14	15	.		18	19	20	21	1 22	23	24	25	26	5 2	′	28	STA TE	
			HR	ITPI	SRC	•					-		+	+			_	+		IE	
				+	+	+				_		+	+	+-				+		-	
31 OCCURREN	CE 32 (CCURRE	NCE	33 0	CCUR	RENCE	34 00	CCURR	ENC	E 3	5 O	CCURR	ENCE		36	ÖCC	URRE	NCE		37	
CODE DAT	E CO	DE D	ATE	COL	DE I	DATE	COD	DE C	ATE	COL	DE	FROM	THR	OUG	CODE	FR	ROM		ROUG	ĺ	
											_			1		_			H		
										-						1					
adrress Indiana	city 1	23/15				\/A11II	COD	FS			V	ALLIE C) ODES				VALU	IF C	ODES		
adrress Indiana city, 12345 Mob. No.0 C					ODE												AMONT				
Office. No.0					JUL 7 WILLIAM CODE																
				b																	
				С																	
42		42 DEC	CDID	d			14.4	LICEC	- /D 4	F CEDV	Las	CEDV	47. TO	TALCL	LADGE		10. NO	NI C	2) /ED		40
42 REV.		43 DES	CRIP	HON				HCPC: FE/HIPI		5 SERV. DATE		NITS	47 10	TAL CF	IAKGE	4 ٥	ON 84	N-CO HAR(ן עם	49
CD.								CODE		DATE	"	INITS					Ci	IAN	JLJ		
73030	MR	mity, J	oint			73030 12-03-1															
73221								73221 12-03-1					12,00	0.00							
									\perp							+				_	
	Page	1		of	1		CE	ΡΑΤΙ	ω 1	2-03-15	TC	OTAI	12,00	0.00	00	+	0		0	0	
	rage	·	`	" —				DATE		2 03 13	') I AL	12,00	0.00	00		J				
50 PAYER NAME 51 I						1 52	REL	53 A		54	PRIC	OR	55 E	5 EST. AMOUNT			56 NPL				
					AN ID	IN	FO	BE		PA`	YMEI	MENT		DUE							
						_											57				
																	THER RV ID				
58 INSUREDS NAME					50 P									ANCE GROUP NO.							
50 INSOREDS I	VAI-IE				551.		- 00	IIVSOI	LDJ	ONIQUI	ב וט	or Give	/O1 14		02	- 1143	OIVAI	ICL	GINO)	<i>J</i> .
												<u></u>		1							
63 TREATMENT AUTHORIZATION CODES						64 DOCUMENT CONTROL NUM								65 EMPLOYER NAME							
66																			68		
DX					-		+		+					-		-					
69 ADMIT			70 PΔ	TIENT		_			—Ч-	71 PPS			72	-	_				73		
DX				ON DX	l .					CODE			ECI						, ,		
7 PRINCIPAL P	ROCEDU	JRE a	OTHE	R PRC	CEDU	RE b	OTH	HER PF	ROCE	DURE	75			76		NPL	QU.	AL 🗆			
4	DATE		COD	_	D 4 T	_		.		\ TE	-			ATTENE	-		FID	CTA	11: -	_1	
CODE	DATE		COD	E	DAT		- ((DDE	L	DATE	1		- H	AST M		NPL			1edic	aı	
7 OTHER PR	OCEDURE b OTHER PROCEDUR					DURE				77 NPL QUAL OPERATING				^_							
4													. P	AST M			FIR	ST N	1edic	al	
CODE	DATE		COD	E	DAT	E	CC	DDE		DATE			ſ								
DO DEMARKS				1.00									-	70		NID	ما ا	71141	ı		
80 REMARKS			8	1 CC a										78 OTHER		NP	L (QUAI	-		
				b										AST M	edical		F	IRS	Т Мес	dical	
				С										79		NP	_	QUAI			
				d										OTHER	<u>.</u>						
														AST M	edical		F	IKS	Г Мес	ııcal	