

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										John Gaston										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 Charlie Snow										8 PATIENT ADDRESS a 964 North Avenue b Camden c NJ d 9654 e																													
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES																29 A CDT STA TE		30									
12-16-1979				12 Date		13 HR		14 TYPE		15 SRC						18		19		20		21		22		23		24		25		26		27		28			
12-31-1969																																							
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															
Charlie Snow 964 North Avenue New Jersey Camden, 9654 Mob. No.(965) 874-5685 Office. No.(321) 456-8546										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													
73600		MRI Lower Extremity, Joint										73600		31-12-69				0.00																					
122345		Description										122345		31-12-69				2,500.00																					
73600		MRI Lower Extremity, Joint										73600		31-12-69				0.00																					
Page ____1____ of ____1____										CREATION DATE		24-04-15		TOTAL		2,500.00				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																	
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 Gaston				FIRST John																	
74		OTHER PROCEDURE		a		OTHER PROCEDURE				b		OTHER PROCEDURE						77 OPERATING		NPL		QUAL																	
		CODE		DATE				CODE		DATE				CODE		DATE		LAST Gaston				FIRST John																	
80 REMARKS										81 CC								78 OTHER		NPL		QUAL																	
										a								LAST Gaston				FIRST John																	
										b																													
										c								79 OTHER		NPL		QUAL																	
										d								LAST Gaston				FIRST John																	