

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX																				3a PAT. CNTL#												4 TYPE OF BILL																																					
										Contact										b.MED REC #		6 STATEMENT COVERS PERIOD										7																																					
																						FROM										THROUGH																																					
8 PATIENT NAME										a		Corey Brown										8 PATIENT ADDRESS										a		7493 So. 35th Avenue																																			
b												Corey Brown										b												Washington										c		DC										d		9658										e	
10 BIRTHDATE										11		ADMISSION										16		17		CONDITION CODES										29 A		30																															
06/26/1986										SEX		12 Date										13		14		15		18										19		20		21		22		23		24		25		26		27		28		CDT STA TE											
																						HR		TYPE		SRC																																											
31 OCCURRENCE										32 OCCURRENCE		33 OCCURRENCE										34 OCCURRENCE		35 OCCURRENCE										36 OCCURRENCE		37																																	
CODE										DATE		CODE										DATE		CODE										FROM		THROUGH		H		CODE		FROM		THROUGH		H																							
7493 So. 35th Avenue District of Columbia Washington, 9658 Mob. No.0 Office. No.0												VALUE CODES												VALUE CODES												VALUE CODES																																	
												CODE										AMOUNT		CODE										AMOUNT		CODE										AMONT																							
42										43 DESCRIPTION		44 HCPCS/R										45 SERV.		45 SERV.		47 TOTAL CHARGES										48 NON-COVERED		49																															
REV.												ATE/HIPPS										DATE		UNITS												CHARGES																																	
CD.												CODE																																																									
20605										ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)		20605										16-02-15																																															
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20550										INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST		20550										16-02-15																																															
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										Page 1 of 1		CREATION										24-02-15		TOTAL		20,000.00										00		0		00																													
												DATE																																																									
50 PAYER NAME										51 HEALTH		52 REL		53 ASG.		54 PRIOR		55 EST. AMOUNT		56 NPL																																																	
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																				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																														68																																							
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69 ADMIT										70 PATIENT										71 PPS										72		73																																					
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7										a		OTHER PROCEDURE										b		OTHER PROCEDURE										75		76		NPL		QUAL																													
4																																				ATTENDING																																	
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7										a		OTHER PROCEDURE										b		OTHER PROCEDURE										77		NPL		QUAL																															
4																																				OPERATING				FIRST																													
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80 REMARKS										81 CC														78										OTHER		NPL		QUAL																															
										a																																																											

	b				LAST		FIRST
	c				79	NPL	QUAL
	d				OTHER		
					LAST		FIRST