

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX				Doctor Smith #606 Unite, Colorado State, 1234567 9569516378 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 Vikas Dhiman b Vikas Dhiman				8 PATIENT ADDRESS b Kangra				a Hello c IN d 123456 e											
10 BIRTHDATE 12-08-1980		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	
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							
Hello Indiana Kangra, 123456 Mob. No. Office. No.				VALUE CODES CODE AMOUNT		VALUE CODES CODE AMOUNT		VALUE CODES CODE AMOUNT		VALUE CODES CODE AMOUNT									
42 REV. CD.		43 DESCRIPTION				44 HCPCS/R ATE/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		31-12-69				1,000.00							
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)				20605		31-12-69				4,000.00							
27130		ARTHROPLASTY, TOTAL HIP REPLACEMENT, ACETABULAR AN PROXIMAL FEMORAL PROSTHESIS (total hip replacement), with or without autograft or allograft				27130		31-12-69				0.00							
12234 5		Description				122345		31-12-69				0.00							
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST				20550		31-12-69				0.00							
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)				20605		31-12-69				0.00							
27125		Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)				27125		31-12-69				0.00							
27125		Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)				27125		31-12-69				0.00							
		Page 1 of 1				CREATION DATE		09-03-15		TOTAL		5,000.00		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			
7 4		PRINCIPAL PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE		75		76 ATTENDING LAST Smith		NPL 567A		QUAL					
		CODE DATE		CODE DATE		CODE DATE						NPL		QUAL		FIRST Doctor			

7 4	OTHER PROCEDURE		a	OTHER PROCEDURE		b	OTHER PROCEDURE		OPERATING 567A						
							LAST Smith		FIRST Doctor						
	CODE	DATE		CODE	DATE		CODE	DATE							
80 REMARKS				81 CC											
				a						78		NPL	QUAL		
				b						OTHER 567A		FIRST Doctor			
				c						79			NPL	QUAL	
				d						OTHER 567A		FIRST Doctor			
										LAST Smith		FIRST Doctor			