

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX						James Clement 345 So. Harvey Street, Florida Jacksonville, 35048 (904) 654-7415 Contact						3a PAT. CNTL#				4 TYPE OF BILL													
												b.MED REC #																	
												5 FEED TAX No.		6 STATEMENT COVERS PERIOD		7													
														FROM		THROUGH													
8 PATIENT NAME						a Christopher Windward						8 PATIENT ADDRESS						a											
												b						c											
																		d											
																		0											
																		e											
b Christopher Windward																													
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES										29 A		30					
08-13-1976				12 Date		13 HR		14 TYPE		15 SRC																			
12-31-1969																													
31 OCCURRENCE		32 OCCURRENCE		33 OCCURRENCE		34 OCCURRENCE		35 OCCURRENCE		36 OCCURRENCE		37																	
CODE		DATE		CODE		DATE		CODE		DATE		CODE		FROM		THROUGH		CODE		FROM		THROUGH							
																H						H							
Christopher Windward , 0 Mob. No. Office. No.						VALUE CODES						VALUE CODES						VALUE CODES											
						CODE						AMOUNT						CODE						AMOUNT					
						a																							
						b																							
						c																							
						d																							
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							
73600		MRI Lower Extremity, Joint										73600		31-12-69				4,500.00											
12234		Description										122345		31-12-69				0.00											
5																													
73600		MRI Lower Extremity, Joint										73600		31-12-69				0.00											
		Page ____1____ of ____1____										CREATION DATE		22-04-15		TOTAL		4,500.00		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					
7 PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76 ATTENDING		NPL		QUAL													
4												LAST Clement				FIRST James													
		CODE		DATE		CODE		DATE																					
7 OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		77		OPERATING		NPL		QUAL													
4												LAST Clement				FIRST James													
		CODE		DATE		CODE		DATE																					
80 REMARKS						81 CC						78 OTHER						NPL		QUAL									
												LAST Clement								FIRST James									
												79 OTHER						NPL		QUAL									
												LAST Clement								FIRST James									