

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 Sid Thompson b Sid Thompson										8 PATIENT ADDRESS b c d 0 e																					
10 BIRTHDATE 08/08/1995			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		30					
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																
, 0 Mob. No.0 Office. No.0										VALUE CODES CODE AMOUNT a b c d					VALUE CODES CODE AMOUNT CODE AMOUNT					VALUE CODES CODE AMONT											
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		05-03-15																			
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)								20605		05-03-15				2,000.00															
Page 1 of 1										CREATION DATE		05-03-15		TOTAL		2,000.00		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		NPL 567A		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Smith				FIRST Doctor													
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL 567A		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Smith				FIRST Doctor													
80 REMARKS					81 CC												78 OTHER		NPL 567A		QUAL										
					a												LAST Smith				FIRST Doctor										
					b																										
					c												79 OTHER		NPL 567A		QUAL										
					d												LAST Smith				FIRST Doctor										