

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										Wesley Woods Surgery Center 2958 Wesley Woods Drive, Georgia Decatur, 33542 7709651365 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 Billy Vigas										8 PATIENT ADDRESS a 7493 So. 35th Avenue b Hartford c CT d 2346 e																																							
10 BIRTHDATE		11 SEX		12 ADMISSION DATE				13 HR		14 TYPE		15 SRC		16 DHR		17 SAT		18 CONDITION CODES										29 A CDT STATE		30																			
10/18/1978																																																	
12-31-1969																																																	
31 OCCURRENCE CODE		32 OCCURRENCE CODE		33 OCCURRENCE CODE		34 OCCURRENCE CODE		35 OCCURRENCE CODE		36 OCCURRENCE CODE		37																																					
DATE		DATE		DATE		DATE		FROM		THROUGH		THROUGH																																					
Billy Vigas 7493 So. 35th Avenue Connecticut Hartford, 2346 Mob. No.(654) 851-4569 Office. No.(365) 852-4569										a b c d										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMOUNT										VALUE CODES CODE AMONT									
42 REV. CD.		43 DESCRIPTION										44 HCPCS/RATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
122345		Anesthesiologist Services										122345		31-12-69				0.00																															
73721		New Office Visit, Expanded										73721		31-12-69				0.00																															
99213		Office Visit, Established, Expanded										99213		31-12-69				0.00																															
97110		Therapeutic procedure, one or more areas										97110		31-12-69				0.00																															
73221		Xray Hip, 1 View										73221		31-12-69				225.00																															
73030		MRI Upper Extremity, Joint										73030		31-12-69				6,000.00																															
		Page ____1____ of ____1____										CREATION DATE		06-04-15		TOTAL		6,225.00		00		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																											
74		PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76 ATTENDING		NPL		QUAL																															
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Woods Surgery Center				FIRST Wesley																															
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL																															
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Woods Surgery Center				FIRST Wesley																															
														78 OTHER		NPL		QUAL																															
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