

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX						Wesley Woods Medical Center						3a PAT. CNTL# b.MED REC #						4 TYPE OF BILL													
						Contact						5 FEED TAX No.		6 STATEMENT COVERS PERIOD FROM THROUGH				7													
8 PATIENT NAME a Christopher Woodward						8 PATIENT ADDRESS b						a		d 0 e																	
b Christopher Woodward																															
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES										29 A CDT STA TE		30							
08-13-1976				12 Date		13 HR		14 TYPE		15 SRC																					
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		H		FROM		THROUGH		H													
Christopher Woodward , 0 Mob. No. Office. No.						VALUE CODES CODE AMOUNT						VALUE CODES CODE AMOUNT						VALUE CODES CODE AMONT													
						a																									
						b																									
						c																									
						d																									
42 REV. CD.		43 DESCRIPTION						44 HCPCS/RATE/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				0.00																	
12234		Description						122345		31-12-69				0.00																	
5																															
73600		MRI Lower Extremity, Joint						73600		31-12-69				6,000.00																	
		Page ____1____ of ____1____						CREATION DATE		22-04-15		TOTAL		6,000.00		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		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Medical Center				FIRST Wesley Woods													
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Medical Center				FIRST Wesley Woods													
80 REMARKS				81 CC								78 OTHER				NPL				QUAL											
				a								LAST Medical Center				FIRST Wesley Woods															
				b																											
				c																											
				d								79 OTHER				NPL				QUAL											
												LAST Medical Center				FIRST Wesley Woods															