1 BANNER SURGICAL		Test Doctor						a PAT							4 TYP	E OF		
3600 DALLAS HIGHWAY		1234 any Street, Illinois						NTL#							BILL			
SUITE 230-282		any City, 12345							REC #		STATEMENT COVERS							
MARIETTA, GA 30064		1234567890 Contact									STATEMENT COVERS							
2 866-411-2525 PHONE				No.								PERIOD						
800-865-8691 FAX				1									FROM THROUGH					
8 PATIENT NAME a Sam Walker				IENT A	DDDEG	c c												
b Sam Walker				ICIVI A	DUKES	55			d	(.	e						
10 BIRTHDATE 11 ADMISSION			b	16	17	CONDI					TION CODES						29 A	30
SEX				DHR					CONDIT			ON CODES					CDT	30
	2 Date 13	14	15			18	19	20	21	22	23	24 2	25	26 2	27		STA	
	HR	TYPE	SRC														TE	
31 OCCURRENCE 32 OC										CURRE				CCURR			37	
CODE DATE CODE	E DATE	COD)E C	DATE	COD	E D	ATE	COD	E F	FROM	THROU	G COI	DE	FROM		ROUG		
									_		Н					H		
									_			-						
, 0				VALUE	CODE) / A I	LUE CC	DEC			\/^1	UE C	ODEC		
Mob. No.			ODE		10UNT			CODE		AMOU			CODE		AMC		<u> </u>	
Office. No.				Air	/IOON I	<u>'</u>		CODE		AMOU	INI	CODE AM				ONT		
omee. No.		b																
		c																
		d																
42 4	13 DESCRIP	TION			44	HCPCS	5/R 45	SERV.	45 SI	ERV. 4	7 TOTAL	CHAR	GES	48 NO	ON-C	OVER	ED	49
REV.							DATE UNITS								RGES			
CD.						CODE												
	should						-12-69				00.00							
29827 Arth	should	der 29827 31					-12-69	2-69 9,50			00.00							
										_		_	\rightarrow					
					_								_					
Page	1 (of 1	1		CR	FATIC) N/ 13.	-03-15	TOI	$\Gamma \Lambda I = 1$	9,000.00	0 0	0	0		0	n	
'age_		<i>''</i> 1	·——			DATE	"\	05 15	101	AL	3,000.00	,	۱ ۱	Ü			٠	
50 PAYER NAME	51 H	EALTH			53 A	SG	54	PRIOF	2	55 EST.	ΔΜΟΙΙ	NT	56 NP	и Г				
				AN ID INFO BEN					PAYMENT			DUE						
						1								57				
														OTHE	R			
												PRV ID						
58 INSUREDS NAME		5	59 P. F	REL	60	INSUR	EDS L	JNIQUE	ID 6	1 GRO	JP NAME		62 11	NSURA	NCE	GROL	JP NO) .
63 TREATMENT AUTHORI	DEC	64 DOCUMENT CONTROL NUMBER								65 EMPLOYER NAME								
63 TREATMENT AUTHORI	DES		VI COI	VIKUL	L NUME	EK		05	65 EMPLOYER NAME									
66											$\overline{}$					68		
DX																		
69 ADMIT	70 PA							71 PPS			72					73		
DX	REASO	DN DX						CODE			ECI							
Z DDINGIDAL DDOGEDUD		. D. O.	CEDIII	35	0.71	 	0.055	NUDE I	<u> </u>		7.0		NID!					
7 PRINCIPAL PROCEDUR	E a OTHE	R PRO	CEDUI	RE b	OIF	IER PR	KOCEL	OURE	75		76		NPI	L Q	JAL			
CODE DATE	COD	\E	DAT			DE.		ATE				ENDING		EII	DCTT	oct		
CODE DATE		DAT	DE	D/	ATE				LAST Doctor FIRST Tes 77 NPL QUAL									
7 OTHER PROCEDURE	R PRO	OCEDURE b OTHER PROCEDURE									OPERATING NPL QUAL							
7 OTHER PROCEDURE 4		JOEDONE D'OTHER PROCEDONE									LAST Doctor FIRST To							
CODE DATE	COD	E	DAT	E	CC	DE	D/	ATE			<u> </u>		-					
80 REMARKS	8	1 CC					-				78		ı	NPL	QUAI	L [
		a									ОТН							
		b										Docto				T Tes	t į	
		С									79		1	NPL	QUAI	L		
		d									OTH				FIRST			
											LAS	Doct	or		FIRS	ı res	τ	