

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										Dr James Clement 123 Main Street, Georgia Atlanta, 30305 7777777777 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		ADMISSION					16 DHR		17 SAT		CONDITION CODES															29 A CDT STATE		30																	
10/18/1978					12 Date 13 HR 14 TYPE 15 SRC									18			19			20			21			22			23			24			25			26			27			28				
12-31-1969																																																
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																														
Billy Vigas 7493 So. 35th Avenue Connecticut Hartford, 2346 Mob. No.(654) 851-4569 Office. No.(365) 852-4569										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					VALUE CODES CODE AMONT																												
										a																																						
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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				250.00																														
99213		Office Visit, Established, Expanded										99213		31-12-69				800.00																														
97110		Therapeutic procedure, one or more areas										97110		31-12-69				800.00																														
73221		Xray Hip, 1 View										73221		31-12-69				0.00																														
73030		MRI Upper Extremity, Joint										73030		31-12-69				0.00																														
		Page ____1____ of ____1____										CREATION DATE		06-04-15		TOTAL		1,850.00 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																																
74		PRINCIPAL PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE		75		76 ATTENDING		NPL		QUAL																																		
		CODE DATE		CODE DATE		CODE DATE				LAST Clement				FIRST Dr James																																		
74		OTHER PROCEDURE		a OTHER PROCEDURE		b OTHER PROCEDURE				77 OPERATING		NPL		QUAL																																		
		CODE DATE		CODE DATE		CODE DATE				LAST Clement				FIRST Dr James																																		
80 REMARKS										81 CC												78 OTHER		NPL		QUAL																						
										a												LAST Clement				FIRST Dr James																						
										b																																						
										c												79 OTHER		NPL		QUAL																						
										d												LAST Clement				FIRST Dr James																						