

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX						Anesthesiologist Logist #107-108, California Alaska, 123456 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		Meshed Case Manager		8 PATIENT ADDRESS						a		address b city						c		d		12345		e	
b		Meshed Case Manager																									
10 BIRTHDATE		11 SEX		ADMISSION				16 DHR		17 SAT		CONDITION CODES												29 A		30	
11-09-2014				12 Date		13 HR		14 TYPE		15 SRC																CDT STA TE	
31 OCCURRENCE		32 OCCURRENCE		33 OCCURRENCE		34 OCCURRENCE		35 OCCURRENCE				36 OCCURRENCE				37											
CODE		DATE		CODE		DATE		CODE		DATE		CODE		FROM		THROUGH H		CODE		FROM		THROUGH H					
address city, 12345 Mob. No.1234567890 Office. No.123456						VALUE CODES				VALUE CODES				VALUE CODES													
								CODE		AMOUNT				CODE		AMOUNT				CODE		AMONT					
								a																			
								b																			
								c																			
								d																			
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		31-12-69				0.00													
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)						20605		31-12-69				0.00													
12234 5		Description						122345		31-12-69				3,500.00													
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		31-12-69				2,500.00													
23700		TOTAL SHOULDER REPLACEMENT MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT including application of fixation apparatus (dislocation excluded)						23700		31-12-69				0.00													
27125		Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)						27125		31-12-69				0.00													
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)						20605		31-12-69				0.00													
		Page ____1____ of ____1____						CREATION DATE		05-03-15		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											
58 INSUREDS NAME				59 P. REL		60 INSUREDS 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 LAST Logist		NPL		QUAL							
		CODE		DATE		CODE		DATE		CODE		DATE								FIRST Anesthesiologist							
7		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE						77 OPERATING		NPL		QUAL							

4									LAST Logist		FIRST Anesthesiologist			
	CODE	DATE		CODE	DATE		CODE	DATE						
80 REMARKS				81 CC					78		NPL	QUAL		
				a					OTHER					
				b					LAST Logist		FIRST Anesthesiologist			
				c										
				d					79		NPL	QUAL		
									OTHER					
									LAST Logist		FIRST Anesthesiologist			