1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282							Doctor Smith #606 Unite, Colorado State, 1234567							3a PAT. CNTL# b.MED REC #				4 TYPE OF BILL								
MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX						956	9569516378 Contact							5 FEED TAX 6				S STATEMENT COVERS PERIOD FROM THROUGH								
8 PATIENT NAME a Ortho CaseManager b Ortho CaseManager							8 PATIENT ADDRESS b city						a C					rress 2345 e								
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42 REV. CD.	43 DESCRIPTION EV. D.										ATE/HIPPS CODE		DATE		UNITS		TOTAL CHAR		RGES				COVERED RGES		49	
73030	73221 Xray Hip, 1 View 73030 MRI Upper Extremity,							oint					1-12-69 1-12-69				30.00									
Page1 of1										CREATION DATE								00		0			00			
							HEALTH 52 REI AN ID INFO			5	53 ASG. BEN		54 PR PAYM				5 EST. AMOU DUE		UNT	NT 56 NPL 57 OTHER						
58 INSUREDS NAME							59 P. REL			60 INSUREDS			UNIQUE ID 61 GI		61 GR	OUP NAME			62 1		PRV ID INSURANCE		GROUP NO.).	
63 TREATMENT AUTHORIZATION CODES							64 DOCUM				MENT CONTROL NU			1BER			65 EMPLOYE			R NAME						
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