| 1 BANNER SURGICAL       Doctor Smith       3a PAT.       4 TYPE         3600 DALLAS HIGHWAY       #606 Unite, Colorado       CNTL#       BILL         SUITE 230-282       State, 1234567       b.MED REC #         MARIETTA, GA 30064       9569516378 Contact       5 FEED TAX       6 STATEMENT COVERS       7         2 866-411-2525 PHONE       No.       PERIOD         800-865-8691 FAX       FROM       THROUGH         8 PATIENT NAME       a Sid Thompson       8 PATIENT ADDRESS       a |              |
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| MARIETTA, GA 30064 9569516378 Contact 5 FEED TAX 6 STATEMENT COVERS 7 2 866-411-2525 PHONE No. PERIOD FROM THROUGH   |              |
| 2 866-411-2525 PHONE 800-865-8691 FAX    No.   PERIOD  |              |
| 800-865-8691 FAX FROM THROUGH  |              |
|  |              |
| 8 PATIENT NAME   a   Sid Thompson   8 PATIENT ADDRESS     a  |              |
|  |              |
| b Sid Thompson c d 0 e   | 0 4 20       |
|  | 9 A 30<br>DT |
|  | STA          |
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| 31 OCCURRENCE 32 OCCURRENCE 33 OCCURRENCE 34 OCCURRENCE 35 OCCURRENCE 36 OCCURRENCE  | 37           |
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| Mob. No.0 CODE AMOUNT CODE AMOUNT CODE AMOUNT  |              |
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| 42 43 DESCRIPTION 44 HCPCS/R 45 SERV. 45 SERV. 47 TOTAL CHARGES   48 NON-COVERE  | D 49         |
| REV. ATE/HIPPS DATE UNITS CHARGES  |              |
| CD.  |              |
| TRIGGER POINTS, OR GANGLION CYST   |              |
| 20605 ARTHROCENTESIS, ASPIRATION AND/OR 20605 05-03-15 500,000.00  |              |
| INJECTION; INTERMEDIATE JOINT, BURSA OR  |              |
| GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)  |              |
|  |              |
|  |              |
| Page1 of1  |              |
| 50 PAYER NAME   51 HEALTH   52 REL     53 ASG.   54 PRIOR   55 EST. AMOUNT   56 NPL  |              |
| PLAN ID INFO BEN PAYMENT DUE   |              |
| 57   |              |
| OTHER PRV ID   |              |
| 58 INSUREDS NAME 59 P. REL 60 INSUREDS UNIQUE ID 61 GROUP NAME 62 INSURANCE GROU   | P NO.        |
|  |              |
|  |              |
| 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME   |              |
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| 50 ADMIT   |              |
| 69 ADMIT 70 PATIENT 71 PPS 72 73 DX REASON DX CODE ECI 73  |              |
| DA REASON DA CODE ECI  |              |
| 7 PRINCIPAL PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 75 76 NPL QUAL   |              |
| ATTENDING 567A   |              |
| CODE DATE CODE DATE CODE DATE LAST Smith FIRST Doctor  |              |
| 7 OTHER PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE OPERATING 567A  4 LAST Smith FIRST Doctor  |              |
| 4 LAST Smith FIRST Doctor  |              |
| CODE DATE CODE DATE DATE   |              |
| 80 REMARKS 81 CC 78 NPL QUAL   |              |
| a OTHER 567A   |              |
| b LAST Smith FIRST Doct  | or           |
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| LAST Smith FIRST Doct  | or           |