According to the process of the pr	1 Mayo Surgical, LLC			James Clement 3a PAT.														4 TYF	PE OF		
2 866-41-15255 PHONE   904) 654-7415 Confact   5 FEED TAX   STATEMENT COVERS   7	600 Chastain Road, Suite 220				345 So. Harvey Street, Florida CNTL#													BILL			
SO-865-8691 FAX														\TEN	IENT C	∩\/FR9	<u> </u>	7			
B PATIENT NAME   a Sylvia Bernackie   b PATIENT ADDRESS   a   7654 West Manta Street   18		-		(904) (	334-74	13 (	Jiitact			⊣ .		IAA									
	333 3332 1700			- INO. F																	
	O DATIENT NAME	Culvia Dar	n a alci a	ODAT										7054.W							
10 BIRTIPIDATE		a Sylvia Ber	nackie																		
12-31-1969		ADMI	SSION			17	17									3003			29 A	30	
12-31-1969	SEX				DHR	SAT	-												CDT		
12-31-1969	09-12-1989						18	1	9 20	)   :	21	22	23	24	25	26	27	28			
31 OCCURRENCE 32 OCCURRENCE 33 OCCURRENCE 34 OCCURRENCE 37 OCCURRENCE 38 OCCURRENCE 37 OCCURRENCE 38 OCCURRENCE 37	12-31-1969	ПК	ITT	E SKC						+									IE		
VALUE CODE																					
Sylvia Bernackie   CODE   VALUE CODES   VALUE CODES   VALUE CODES																					
VALUE CODES	CODE DATE COL	CODE DATE CODE DATE CODE			DATE	COL	CODE DAT			DE	FROM T						FROM TH				
2584 West Manta   CODE											+			П							
2584 West Manta   CODE																					
Street Florida Naples, 35685   a   b   b   c   c   c   c   c   c   c   c	Sylvia Bernackie																				
Mob. No.(675) 958-4492		5605	-	CODE	AM	10UN	IT	COL	CODE AMOUN			NT		CO	DE	E AMONT					
Office No. (657) 958-4452			-																		
A4 HCPCS/RAS SERV, 45 SERV, 47 TOTAL CHARGES   48 NON-COVERED   49 CHARGES   49 NON-COVERED   49 CHARGES   48 NON-COVERED   49 CHARGES   49 CHARGES   48 NON-COVERED   49 CHARGES   48 NON-COVERED   49 CHARGES   48 NON-COVERED   49 CHARGES   49 CHARGES   48 NON-COVERED   49 CHARGES   49 CHARGES   48 NON-COVERED   49 CHARGES   48 NON-COVERED   49 CHARGES   48 NON-COVERED   49 CHARGES   48 NON-COVERED   49 CHARGES   49									1												
REV.   CD   DATE   CD   DATE   CD   CODE																					
CODE   12234   Description   12234   31-12-69   0.00										7 TOT	OTAL CHARGES				-	RED	49				
122345   Description   122345   31-12-69   0.00				A		DATE	DATE U		3					СПАР	(GES						
73600									31-12-6	59			0.00								
97300   Back Surgery   97300   31-12-69   20,000.00   99212   Office Visit, Established, Problem Focused   99213   31-12-69   0.00   0.00   99213   Office Visit, Established, Expanded   99213   31-12-69   0.00		5																			
99212 Office Visit, Established, Problem Focused 99212 31-12-69 0.00   99213 Office Visit, Established, Expanded 99213 31-12-69 0.00   99213 Office Visit, Established, Expanded 99213 31-12-69 0.00   99213 Office Visit, Established, Expanded 99213 31-12-69 0.00   99213 11-12-69 0.00   99213 11-12-69 0.00   99213 11-12-69 0.00   99213 11-12-69 0.00   99213 11-12-69 0.00   99213 11-12-69 0.00   99213 11-12-69 0.00   99213 11-12-69 0.00   9		Joint											-								
99213   Office Visit, Established, Expanded   99213   31-12-69   0.00		em Foo	used	_						20				+							
Page					99213							0.00									
DATE  50 PAYER NAME  51 HEALTH 52 REL 51 ASG. 54 PRIOR BEN PAYMENT  55 EST. AMOUNT 56 NPL DUE  57 OTHER PRV ID  58 INSUREDS NAME  59 P. REL 50 INSUREDS UNIQUE ID 61 GROUP NAME  62 INSURANCE GROUP NO.  63 TREATMENT AUTHORIZATION CODES  64 DOCUMENT CONTROL NUMBER  65 EMPLOYER NAME  66 DX  70 PATIENT DX  70 PATIENT DX  71 PS  72 CODE  CODE  TOTHER PROCEDURE CODE  DATE  CODE  CODE  DATE  CODE  DATE  CODE  CODE  CODE  DATE  CODE  COD																					
50 PAYER NAME    S1 HEALTH   52 REL   53 ASG.   54 PRIOR   DUE   57 OTHER	Page	1		CI			25-05-1	15	ΓΟΤΑ	$4L \mid 26$	5,000.	.00	00		0	0	0				
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 GROUP NO.  63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME  66 DX 69 ADMIT 70 PATIENT REASON DX 71 PPS 72 ECI 73  CODE DATE CO	50 PAYER NAME	HEALTH	52 F	REL			. 5	<b>_</b> _	RIOR		55 ES	T. AM	OUNT	56	NPL			<u> </u>			
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  68  68  69 ADMIT  70 PATIENT  DX  71 PPS  72 CODE  73 PRINCIPAL PROCEDURE  4 CODE DATE  CODE D																					
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 69 ADMIT 70 PATIENT REASON DX 7 PRINCIPAL PROCEDURE A CODE DATE CODE DAT																					
58 INSUREDS NAME  59 P. REL  60 INSUREDS UNIQUE ID  61 GROUP NAME  62 INSURANCÉ GROUP NO.  63 TREATMENT AUTHORIZATION CODES  64 DOCUMENT CONTROL NUMBER  65 EMPLOYER NAME  66 DX  70 PATIENT DX  70 PATIENT DX  71 PPS CODE  72 ECI  73 ECI  74 PRINCIPAL PROCEDURE ATTENDING CODE  DATE  CODE  DATE  CODE  DATE  CODE  DATE  OTHER PROCEDURE ATTENDING LAST Clement FIRST James  77 OPERATING LAST Clement FIRST James  78 OTHER DATE  BO REMARKS  81 CC C C C C C C C C C C C C C C C C C C																					
66 DX  69 ADMIT DX  70 PATIENT REASON DX  71 PPS CODE CODE CODE CODE DATE  CODE DATE CODE DATE  71 OTHER PROCEDURE DATE CODE DATE  72 OTHER PROCEDURE DATE CODE DATE  CODE DATE CODE DATE  73 DESCRIPTION OF THE PROCEDURE DATE  74 OTHER PROCEDURE DATE CODE DATE  CODE DATE CODE DATE  75 OTHER PROCEDURE DATE CODE DATE  TO OTHER PROCEDURE DATE  TO OT	58 INSUREDS NAME				REL	60	INSUR	EDS	SUNIQ	UE II	D 61	GROU	JP NAI	МΕ	62			GRO	UP N	Ο.	
66 DX  69 ADMIT DX  70 PATIENT REASON DX  71 PPS CODE CODE CODE CODE DATE  CODE DATE CODE DATE  CODE DATE CODE DATE  71 OTHER PROCEDURE DATE  CODE DATE CODE DATE  CODE DATE CODE DATE  CODE DATE  TOTHER PROCEDURE DATE  TOTHER PROCEDURE DATE  CODE DATE  CODE DATE  TOTHER PROCEDURE DATE  TOTHER PROCE																					
66 DX  69 ADMIT DX  70 PATIENT REASON DX  71 PPS CODE CODE CODE CODE DATE  CODE DATE CODE DATE  CODE DATE CODE DATE  71 OTHER PROCEDURE DATE  CODE DATE CODE DATE  CODE DATE CODE DATE  CODE DATE  TOTHER PROCEDURE DATE  TOTHER PROCEDURE DATE  CODE DATE  CODE DATE  TOTHER PROCEDURE DATE  TOTHER PROCE																					
66 DX  69 ADMIT DX  70 PATIENT REASON DX  71 PPS CODE CODE CODE CODE DATE  CODE DATE CODE DATE  71 OTHER PROCEDURE DATE CODE DATE  72 OTHER PROCEDURE DATE CODE DATE  CODE DATE CODE DATE  73 DESCRIPTION OF THE PROCEDURE DATE  74 OTHER PROCEDURE DATE CODE DATE  CODE DATE CODE DATE  75 OTHER PROCEDURE DATE CODE DATE  TO OTHER PROCEDURE DATE  TO OT	63 TREATMENT AUTHOR	64 DOCUMENT CONTROL NUMBER									65 EMPLOYER NAME										
DX													-								
DX																					
DX   70 PATIENT   71 PPS   72   73   73   74   75   75   75   76   76   77   77   77	66			7		_					$\neg$		$\overline{}$					68			
DX REASON DX CODE ECI  7 PRINCIPAL PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 4 CODE DATE CODE DATE CODE DATE  OTHER PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 4 CODE DATE CODE DATE  CODE DATE CODE DATE  OTHER PROCEDURE a OTHER PROCEDURE  BOTHER PROCEDURE  OTHER PROCEDURE  OTHER PROCEDURE  ATTENDING  LAST Clement FIRST James  OTHER FIRST James  TRANS	DX										$\perp$										
DX REASON DX CODE ECI  7 PRINCIPAL PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 4 CODE DATE CODE DATE CODE DATE  OTHER PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 4 CODE DATE CODE DATE  CODE DATE CODE DATE  OTHER PROCEDURE a OTHER PROCEDURE  BOTHER PROCEDURE  OTHER PROCEDURE  OTHER PROCEDURE  ATTENDING  LAST Clement FIRST James  OTHER FIRST James  TRANS	60 ADMIT	70 DA	TICNIT		_				71 0	nc			72								
7 PRINCIPAL PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 75  CODE DATE CODE																		/3	•		
4 CODE DATE CODE DATE CODE DATE  7 OTHER PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE  CODE DATE CODE DATE CODE DATE  CODE DATE CODE DATE  80 REMARKS  81 CC  a  B1 CC  b  CODE DATE  CODE																					
CODE DATE CODE DATE CODE DATE  OTHER PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE  CODE DATE CODE DATE CODE DATE  CODE DATE CODE DATE  SO REMARKS  81 CC  a  B1 CC  b  CODE DATE  CODE DAT		ER PRO	ÖCEDU	<b>RE</b> b	ОТ	OTHER PROCEDURE				75					IPL	QUAL					
77 OTHER PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE  CODE DATE CODE DATE CODE DATE  80 REMARKS  81 CC  a  b  LAST Clement FIRST James  77 OPERATING LAST Clement FIRST James  78 OTHER  DATE  DATE  DATE  OTHER  DOTHER  DOTHER  DOTHER  OTHER  OTHER  OTHER  OTHER  OTHER  OTHER  OTHER  OTHER  OTHER		COL	)E	DAT			CODE DATE			_							ames				
7 OTHER PROCEDURE a OTHER PROCEDURE b OTHER PROCEDURE 4 CODE DATE CODE DATE CODE DATE  80 REMARKS 81 CC a DTHER PROCEDURE B OTHER PROCEDURE CODE DATE  78 OTHER OTHER D OTHER D OPERATING LAST Clement FIRST James LAST Clement FIRST James 79 NPL QUAL OTHER D OTHER	CODE DATE	COL	/L	DATE CODE DATE																	
CODE DATE CODE DATE  80 REMARKS  81 CC a  DATE  TRANS  PLAST Clement FIRST James  C DATE  OTHER  OTHER  OTHER  OTHER  OTHER	7 OTHER PROCEDUR	E a OTHI	ER PRO	OCEDURE b OTHER PROCEDURE								OF	OPERATING								
80 REMARKS	4	000	)	DATE									LA	LAST Clement FIRST James							
a         OTHER           b         LAST Clement         FIRST James           c         79         NPL         QUAL           d         OTHER	CODE DATE	COL	JE	DAT		С	ODE		DATE												
a         OTHER           b         LAST Clement         FIRST James           c         79         NPL         QUAL           d         OTHER	80 REMARKS	<del></del>	31 CC			$\neg$										NPL	QUA	۸L			
c 79 NPL QUAL OTHER			a											OTHER							
d OTHER			_																		
LAST Clement FIRST James			_										_			INPL	QUA	٩L			
													LA	ST C	ement		FIRS	ST Jan	ies		