

1 BANNER SURGICAL
3600 DALLAS HIGHWAY
SUITE 230-282
MARIETTA, GA 30064

2 866-411-2525 PHONE  
800-865-8691 FAX

3a PAT. CNTL# [REDACTED]

b.MED REC #

5 FEED TAX No. 6 STATEMENT COVERS PERIOD 7  
FROM THROUGH

8 PATIENT NAME a  
PATIENT NAME

9 BIRTHDATE 10 SEX d e ADMISSION 12 Date 13 HR 14 TYPE 15 SRC 18 19 20 21 COND

31 OCCURRENCE CODE DATE 32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 C  
DHR SAT  
38 CODE VALUE CODES AMOUNT CODE VALUE CODES AMOUNT CODE VALUE CO AMO  
a  
b  
d

42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 45 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49

50 PAYER NAME 51 HEALTH PLAN ID 52 REL INFO 53 ASG. BEN 54 PRIOR PAYMENT 55 EST. AMOUNT DUE 56 NPL 57 OTHER

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