

1 Mayo Surgical, LLC 600 Chastain Road, Suite 220 Kennesaw, GA 30144 2 866-411-2525 PHONE 800-865-8691 FAX										James Clement 345 So. Harvey Street, Florida Jacksonville, 35048 (904) 654-7415 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 Hohn Dorr										8 PATIENT ADDRESS a 4434 South Jones Road b Hohn Dorr b Mobile c AL d 43234 e																					
10 BIRTHDATE			11 SEX		ADMISSION					16 DHR		17 SAT		CONDITION CODES															29 A CDT 30 STA TE		
08-13-1973					12 Date 13 HR 14 TYPE 15 SRC									18 19 20 21 22 23 24 25 26 27 28																	
12-31-1969																															
31 OCCURRENCE CODE DATE			32 OCCURRENCE CODE DATE			33 OCCURRENCE CODE DATE			34 OCCURRENCE CODE DATE			35 OCCURRENCE CODE FROM THROUGH			36 OCCURRENCE CODE FROM THROUGH			37													
Hohn Dorr 4434 South Jones Road Alabama Mobile, 43234 Mob. No.(654) 741-2589 Office. No.(654) 741-8596										VALUE CODES CODE AMOUNT					VALUE CODES CODE AMOUNT					VALUE CODES CODE AMONT											
a																															
b																															
c																															
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									
73562		Xray Ankle										73562		31-12-69				600.00													
122345		Description										122345		31-12-69				0.00													
97300		Back Surgery										97300		31-12-69				23,000.00													
73600		MRI Lower Extremity, Joint										73600		31-12-69				0.00													
		Page ____1____ of ____1____										CREATION DATE		22-05-15		TOTAL		23,600.00 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											
																		57 OTHER PRV ID													
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											
66 DX																						68									
69 ADMIT DX		70 PATIENT REASON DX												71 PPS CODE		72 ECI				73											
74		PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76 ATTENDING		NPL		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Clement				FIRST James													
74		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING		NPL		QUAL													
		CODE		DATE		CODE		DATE		CODE		DATE		LAST Clement				FIRST James													
80 REMARKS										81 CC						78 OTHER		NPL		QUAL											
										a						LAST Clement				FIRST James											
										b																					
										c						79 OTHER		NPL		QUAL											
										d						LAST Clement				FIRST James											