

1 BANNER SURGICAL 3600 DALLAS HIGHWAY SUITE 230-282 MARIETTA, GA 30064 2 866-411-2525 PHONE 800-865-8691 FAX										Doctor Smith #606 Unite, Colorado State, 1234567 9569516378 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 Ortho CaseManager b Ortho CaseManager										8 PATIENT ADDRESS b city c IA d 12345 e										address											
10 BIRTHDATE 11-09-2014		11 SEX		ADMISSION 12 Date 13 HR 14 TYPE 15 SRC				16 DHR		17 SAT		CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28										29 A CDT STA TE		30							
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																			
address Iowa city, 12345 Mob. No.0 Office. No.0										a b c d		VALUE CODES CODE AMOUNT		VALUE CODES CODE AMOUNT		VALUE CODES CODE AMONT															
42 REV. CD.		43 DESCRIPTION						44 HCPCS/R ATE/HIPPS CODE		45 SERV. DATE		45 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49													
20550		INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS, OR GANGLION CYST						20550		31-12-69				1,000.00																	
20605		ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GAGLION CYST (eg, SHOULDER, WRIST, ANKLE)						20605		31-12-69				4,000.00																	
		Page ____1____ of ____1____						CREATION DATE		03-03-15		TOTAL		5,000.00		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 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																68															
69 ADMIT DX				70 PATIENT REASON DX						71 PPS CODE				72 ECI				73													
7 4		PRINCIPAL PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE		75		76 ATTENDING LAST Smith		NPL 567A		QUAL FIRST Doctor													
		CODE		DATE		CODE		DATE		CODE		DATE																			
7 4		OTHER PROCEDURE		a		OTHER PROCEDURE		b		OTHER PROCEDURE				77 OPERATING LAST Smith		NPL 567A		QUAL FIRST Doctor													
		CODE		DATE		CODE		DATE		CODE		DATE																			
80 REMARKS				81 CC										78 OTHER LAST Smith		NPL 567A		QUAL FIRST Doctor													
				a																											
				b																											
				c										79 OTHER LAST Smith		NPL 567A		QUAL FIRST Doctor													
				d																											